

DOCUMENT # S67268

1. Entity Name

SAMRAN FLORIDA, INC.

FILED
Sep 19, 2000 8:00 am
Secretary of State

09-19-2000 90051 001 *1,500.00

Principal Place of Business

C/O ART MART
8120 ANDERSON ROAD
TAMPA FL 33634-2395
US

Mailing Address

PO BOX 15811
TAMPA FL 33684-5811



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

c/o Art Mart

Suite, Apt. #, etc.

Suite, Apt. #, etc.

8120 Anderson Road

City & State

City & State

Tampa FL

4. FEI Number

59-3079748

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

Zip

33634-2318

Country

Zip

33634-2318

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LEVINE, DENNIS J.
215 W. VERN ST.
STE D
TAMPA FL 33606

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	SHERMAN, RANDALL	
STREET ADDRESS	3921 DRAYTON WAY	
CITY-ST-ZIP	PALM HARBOR FL	
TITLE	DST	<input type="checkbox"/> Delete
NAME	SHERMAN, DIANE	
STREET ADDRESS	3921 DRAYTON WAY	
CITY-ST-ZIP	PALM HARBOR FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1728 Cypress Creek Road	
CITY-ST-ZIP	Lutz FL 33549	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Diane Sherman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/13/00 813-884-5554
Date Daytime Phone #

CR2E034 (5/00)