

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 707621

1. Entity Name

THE SHORES CONDOMINIUM, INC.

FILED
Apr 22, 2000 8:00 am
Secretary of State

04-22-2000 90088 010 ****61.25

Principal Place of Business Mailing Address
1700 NORTHEAST 105TH STREET 1700 NORTHEAST 105TH STREET
MIAMI SHORES FL 33138 MIAMI SHORES FLA 33138-2145

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1095398

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

POLIAKOFF, GARY A.
6520 N. ANDREWS AVENUE
FT. LAUDERDALE FL 33310-6057

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

FILE NOW:

FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P. ☐ Delete
NAME WETTERER, MARY
STREET ADDRESS 1700 NE 105 STREET, #112
CITY-ST-ZIP MIAMI SHORES FL 33138

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS 1700 NE 105 ST #204
CITY-ST-ZIP MIAMI SHORES, FL 33138

TITLE VP ☒ Delete
NAME WEINER, LEONARD
STREET ADDRESS 1700 NE 105 ST #302
CITY-ST-ZIP MIAMI SHORES FL 33138

TITLE VP ☒ Change ☐ Addition
NAME MARGARET JENKINS
STREET ADDRESS 1700 NE 105 ST #204
CITY-ST-ZIP MIAMI SHORES, FL 33138

TITLE ST ☐ Delete
NAME SPAULDING, RICHARD
STREET ADDRESS 1700 NE 105 STREET, #315
CITY-ST-ZIP MIAMI SHORES FL 33138

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE AST ☐ Delete
NAME HENDERSON, THOMAS HANK
STREET ADDRESS 1700 N.E. 105TH ST.
CITY-ST-ZIP MIAMI SHORES FL

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE AST ☒ Delete
NAME TAGLIAFERRI, DOMINICK
STREET ADDRESS 1700 NE 105 ST #310
CITY-ST-ZIP MIAMI SHORES FL

TITLE AST ☒ Change ☐ Addition
NAME ANGELO TERRINONI
STREET ADDRESS 1700 NE 105 ST #304
CITY-ST-ZIP MIAMI SHORES, FL 33138

TITLE ☐ Delete
NAME ☐ Delete
STREET ADDRESS ☐ Delete
CITY-ST-ZIP ☐ Delete

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ Addition

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: RICHARD SPAULDING

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-17-2000 (305)893-6741

Date

Daytime Phone #

CR2E037 (9/99)