

## 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 14, 2001 8:00 am  
Secretary of State

05-14-2001 90180 017 \*\*\*\*61.25

DOCUMENT # 707621

1. Entity Name

The Shores Condominium Inc

Principal Place of Business

Mailing Address

1700 Northeast 105 Street  
Miami FL 33138

A0065524

2. Principal Place of Business

Same

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City &amp; State

City &amp; State

4. FEI Number

59-1095398

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

Gary A. Poliakoff  
6520 N Andrew's Ave  
Ft. Lauderdale FL 33310-6057

7. Name and Address of New Registered Agent

Name

Esther Marquez

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

1700 Northeast 105 Street Unit 416

City

Miami

FL

Zip Code

33138

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 signatory if applicable

(NOTE: Registered Agent signature required when reissuing)

DATE

FILE NOW  
FEE IS \$81.259. Election Campaign Financing  
Trust Fund Contribution☐\$5.00 May Be  
Added to FeesMake Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|       |     |      |                       |                |                          |             |                       |                                            |
|-------|-----|------|-----------------------|----------------|--------------------------|-------------|-----------------------|--------------------------------------------|
| TITLE | P   | NAME | Mary Wetterer         | STREET ADDRESS | 1700 NE 105 Street # 112 | CITY-ST-ZIP | Miami Shores FL 33138 | <input checked="" type="checkbox"/> Delete |
| TITLE | V/P | NAME | Margaret Jenkins      | STREET ADDRESS | 1700 NE 105 Street # 204 | CITY-ST-ZIP | Miami Shores FL 33138 | <input checked="" type="checkbox"/> Delete |
| TITLE | ST  | NAME | Richard Spaulding     | STREET ADDRESS | 1700 NE 105 Street # 315 | CITY-ST-ZIP | Miami Shores FL 33138 | <input checked="" type="checkbox"/> Delete |
| TITLE | AST | NAME | Thomas Hank Henderson | STREET ADDRESS | 1700 NE 105 Street #     | CITY-ST-ZIP | Miami Shores FL 33138 | <input checked="" type="checkbox"/> Delete |
| TITLE | AST | NAME | Angelo Terrinoni      | STREET ADDRESS | 1700 NE 105 Street # 304 | CITY-ST-ZIP | Miami Shores FL 33138 | <input type="checkbox"/> Delete            |
| TITLE |     | NAME |                       | STREET ADDRESS |                          | CITY-ST-ZIP |                       | <input type="checkbox"/> Delete            |

|       |       |      |                |                |                          |             |                       |                                                                              |
|-------|-------|------|----------------|----------------|--------------------------|-------------|-----------------------|------------------------------------------------------------------------------|
| TITLE | P/D   | NAME | Esther MARQUEZ | STREET ADDRESS | 1700 NE 105 Street # 416 | CITY-ST-ZIP | Miami Shores FL 33138 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE | VP/D  | NAME | Shannon Reese  | STREET ADDRESS | 1700 NE 105 Street # 507 | CITY-ST-ZIP | Miami Shores FL 33138 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE | ST/D  | NAME | Josue Gamayo   | STREET ADDRESS | 1700 NE 105 Street # 407 | CITY-ST-ZIP | Miami Shores FL 33138 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE | AST/D | NAME | Lucenia Payton | STREET ADDRESS | 1700 NE 105 Street # 113 | CITY-ST-ZIP | Miami Shores FL 33138 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE |       | NAME |                | STREET ADDRESS |                          | CITY-ST-ZIP |                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE |       | NAME |                | STREET ADDRESS |                          | CITY-ST-ZIP |                       | <input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF AGING OFFICER OR DIRECTOR

4/27/01

Date

Daytime Phone #

CR2001 (1/00)