

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 707621

1. Entity Name

THE SHORES CONDOMINIUM, INC.

Principal Place of Business

1700 NORTHEAST 105TH STREET  
MIAMI FL 33138

Mailing Address

1700 NORTHEAST 105TH STREET  
MIAMI FL 33138

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

MARQUEZ, ESTHER  
1700 N.E. 105 STREET  
UNIT 416  
MIAMI FL 33138

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 PD  
NAME MARQUEZ, ESTHER  
STREET ADDRESS 1700 NE 105 STREET, #416  
CITY-ST-ZIP MIAMI SHORES FL 33138 ☐ Delete

TITLE AST  
NAME CALLAHAN, W.J.  
STREET ADDRESS 1700 NE 105 ST., # 419  
CITY-ST-ZIP miami shores, FL 33138 ☐ Change ☒ Addition

TITLE VPD  
NAME REESE, SHANNON  
STREET ADDRESS 1700 NE 105 STREET #507  
CITY-ST-ZIP MIAMI SHORES FL 33138 ☐ Delete

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

TITLE STD  
NAME GAMAYO, JOSUE  
STREET ADDRESS 1700 NE 105 STREET, #407  
CITY-ST-ZIP MIAMI SHORES FL 33138 ☐ Delete

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

TITLE ASTD  
NAME PAYTON, LUCRETIA  
STREET ADDRESS 1700 NE 105 STREET #113  
CITY-ST-ZIP MIAMI SHORES FL 33138 ☐ Delete

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

TITLE AST  
NAME TERRINONI, ANGELO  
STREET ADDRESS 1700 NE 105 ST., #304  
CITY-ST-ZIP MIAMI FL 33138 ☒ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
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:

*Signature of Registered Agent*

Jan 10, 2002 305 893 6741

CR2E037 (9/01)