

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 07, 2000 8:00 am
Secretary of State

02-07-2000 90052 035 ***158.75

DOCUMENT # J17125

1. Entity Name

SHORELINE FOUNDATION, INC.

Principal Place of Business

Mailing Address

**PARK PLAZA EXECUTIVE CENTER
 3121 W. HALLANDALE BEACH BLVD. #107
 HALLANDALE FL 33009**

**PARK PLAZA EXECUTIVE CENTER
 3121 W. HALLANDALE BEACH BLVD. #107
 HALLANDALE FL 33009-5149**

00015616

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2695595

Applied
Not Applied

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75 Additional
 Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ROYO, JAMES A.
 1316 NW 127TH AVE
 SUNRISE FL 33323**

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 \$150.00
 After MAY 1, 2000 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.

**\$5.00 May
 Added to Fee**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	DVP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/>
NAME	REED, BARRY S.	NAME	
STREET ADDRESS	11060 SW 23RD STREET	STREET ADDRESS	
CITY-ST-ZIP	DAVIE FL 33328	CITY-ST-ZIP	
TITLE	DVP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/>
NAME	MCGEE, JOHN R.	NAME	
STREET ADDRESS	11050 SW 23RD STREET	STREET ADDRESS	
CITY-ST-ZIP	DAVIE FL 33328	CITY-ST-ZIP	
TITLE	DP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/>
NAME	ROYO, JAMES A.	NAME	
STREET ADDRESS	1316 NW 127TH AVENUE	STREET ADDRESS	
CITY-ST-ZIP	SUNRISE FL	CITY-ST-ZIP	
TITLE	DVP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/>
NAME	BETANCOURT, MICHAEL	NAME	
STREET ADDRESS	541 LAKESIDE CIRCLE	STREET ADDRESS	
CITY-ST-ZIP	SUNRISE FL 33236	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/>
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/>
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

James A. Royo
JAMES A. ROYO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-28-00

Date

954-985-0764

Daytime Phone #