

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 22, 2001 8:00 am**  
**Secretary of State**

01-22-2001 90132 010 \*\*\*158.75

0088345

**DOCUMENT # J17125**

1. Entity Name

**SHORELINE FOUNDATION, INC.**

Principal Place of Business <b>PARK PLAZA EXECUTIVE CENTER 3121 W. HALLANDALE BEACH BLVD. #107 HALLANDALE FL 33009</b>	Mailing Address <b>PARK PLAZA EXECUTIVE CENTER 3121 W. HALLANDALE BEACH BLVD. #107 HALLANDALE FL 33009</b>
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**C0007533**



DO NOT WRITE IN THIS SPACE

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 **59-2695595** 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

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

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State <b>FL</b> 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: *James A. Royo - Pres* **JAMES A. ROYO - PRES** DATE: \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See Form 6 on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**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

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"/> Addition
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"/> Addition
NAME	MC GEE, 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"/> Addition
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"/> Addition
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"/> Addition
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"/> Addition
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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *James A. Royo - Pres* **JAMES A. ROYO - PRES** Date: 01/04/00 (954) Daytime Phone #: 985-0460

CR2E034 (10/00)