

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 06, 2002 8:00 am**  
**Secretary of State**

02-06-2002 90017 027 \*\*\*158.75

**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          2781 S.W. 56TH AVENUE          PEMBROKE PARK FL 33023</b>	Mailing Address <b>PARK PLAZA EXECUTIVE CENTER          3121 W. HALLANDALE BEACH BLVD. #107          HALLANDALE FL 33009          2781 S.W. 56TH AVENUE          PEMBROKE PARK FL 33023</b>
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80017774



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>2781 SW 56th AVE          Suite, Apt. #, etc.          Pembroke Park, FL</b>	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State

4. FEI Number <b>59-2695595</b>	Applied For <input type="checkbox"/> Not Applicable
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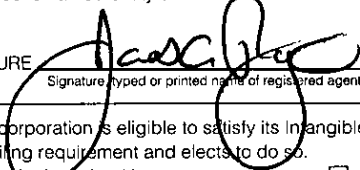
Zip <b>33023</b>	Country <b>USA</b>	Zip	Country
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5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  
**ROYO, JAMES A.  
 1316 NW 127TH AVE  
 SUNRISE FL 33323**

7. Name and Address of New Registered Agent  
 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  (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, 2002 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		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DVP REED, BARRY S. 11060 SW 23RD STREET DAVIE FL 33328</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DVP MCGEE, JOHN R. 11050 SW 23RD STREET DAVIE FL 33328</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DP ROYO, JAMES A. 1316 NW 127TH AVENUE SUNRISE FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DVP BETANCOURT, MICHAEL 541 LAKESIDE CIRCLE SUNRISE FL 33236</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
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
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
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

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** 1/17/02 954-985-0460  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)