

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 10, 2001 8:00 am
Secretary of State

09-10-2001 90045 048 ***550.00

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 AV 9861800

DOCUMENT # P00000113020

1. Entity Name
SHORE MANAGEMENT CORP.

Principal Place of Business

~~424 HENDRICKS ISLE~~
~~APT 6~~
~~FORT LAUDERDALE FL 33301~~

Mailing Address

~~424 HENDRICKS ISLE~~
~~APT 6~~
~~FORT LAUDERDALE FL 33301~~

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

3300 NE 40th St

Ft Lauderdale FL

33308

Broward



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-1072312

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

MAURER, JANI E
500 N.E. SPANISH RIVER BLVD.
SUITE 27
BOCA RATON FL 33431

Name

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

City

FL

Zip Code

7. Name and Address of New Registered Agent

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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 **PD** ☐ Delete
 NAME **SHORE, ANNMARIE**
 STREET ADDRESS **424 HENDRICKS ISLE APT. 6**
 CITY-ST-ZIP **FORT LAUDERDALE FL 33301**

TITLE **STD** ☐ Delete
 NAME **SHORE, SHELDON**
 STREET ADDRESS **424 HENDRICKS ISLE APT. 6**
 CITY-ST-ZIP **FORT LAUDERDALE FL 33301**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **Shore Annmarie** ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **3300 NE 40th St**
 CITY-ST-ZIP **Ft Lauderdale FL 33308**

TITLE **Shore Sheldon** ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **3300 NE 40th St**
 CITY-ST-ZIP **Ft Lauderdale FL 33308**

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

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

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

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 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 filers and owners.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
SHELDON SHORE **9/4/01** **954-561-0446**
 Date Daytime Phone #

CR2E034 (5/01)