# FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**
**May 01, 2002 8:00 am**
**Secretary of State**
04-11-2002 90691 047 ***150.00
05-01-2002 91524 004 ***150.00

DOCUMENT # P01000007707

1. Entity Name

SOUTH SHORE PROPERTIES, INC.

**DO NOT WRITE IN THIS SPACE**

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 2124 NE 123 st | 2124 NE 123 st |
| Suite, Apt. #, etc. 203 | Suite, Apt. #, etc. 203 |
| City & State N. MIAMI, FL | City & State N. MIAMI, FL |
| Zip 33181 Country U.S.A | Zip 33181 Country U.S.A. |

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1069942 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

Name: WILLIAM FOX

Street Address (P.O. Box Number is Not Acceptable): 2124 NE 123 st #203

City: N. MIAMI FL Zip Code: 33181

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reactivating)

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

January 1 - May 1 Fee is $150.00
After May 1 Fee is $450.00
Amended UBR is $61.25
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 | PRESIDENT |
| NAME | WILLIAM H. FOX |
| STREET ADDRESS | 2124 NE 123 ST #203 |
| CITY-ST-ZIP | N. MIAMI, FL 33181 |

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP

**DO NOT WRITE IN THIS SPACE**

CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: William Fox (305) 8991259
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #