

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 20, 2001 8:00 am
Secretary of State

04-20-2001 90120 001 ***661.25

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DOCUMENT # P97000061799

1. Entity Name

PINELLAS PROPERTIES, INC.

Principal Place of Business

Mailing Address

4920 15TH AVE S
 #5
 GULFPORT FL 33707

R.O. BOX 28214
 KENNETH CITY FL 33709
 US-

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

seminole, fl.

4. FEI Number

59-3459837

Applied For

Not Applicable

Zip

Country

Zip

Country

33775

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

SHIMNSHONI, MIKE
 6057 49TH AVE N
 ST PETERSBURG FL 33709

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

4920 15th Ave. S.

City Gulfport FL Zip Code 33707

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 M. Shimshoni

4-1-01

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, 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

TITLE	PVTS	<input type="checkbox"/> Delete
NAME	ZEEV, SHARON	
STREET ADDRESS	2007 ALPINE RD #23	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	ZEEV, SHARON	
STREET ADDRESS	2007 ALPINE RD #23	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	SHIMSHONI, MIKE	
STREET ADDRESS	6057 49TH AVE N	
CITY-ST-ZIP	SAINT PETERSBURG FL 33709	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	President, T. S.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MIKE SHIMSHONI	
STREET ADDRESS	4920 15 th Ave. S.	
CITY-ST-ZIP	Gulfport, FL 33707	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Zeev Sharon	
STREET ADDRESS	4920 15 th Ave. S.	
CITY-ST-ZIP	Gulfport, FL 33707	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 like empowered.

SIGNATURE: M. Shimshoni - Mike Shimshoni

4-1-01 (727) 327-8423

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)



DO NOT WRITE IN THIS SPACE