

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000044222

1. Entity Name

JUNO VILLAGE REALTY INC.

FILED
Jan 21, 2000 8:00 am
Secretary of State

01-21-2000 90074 041 ***150.00

Principal Place of Business PALM BEACH COUNTY WT 2504 SINGER ISLAND FL 33404	Mailing Address 4100 NORTH OCEAN DRIVE WT 2504 SINGER ISLAND FL 33404-2855
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address 14050 US HIGHWAY 1	
Suite, Apt. #, etc.		Suite, Apt. #, etc. SUITE # 2	
City & State		City & State JUNO BEACH FL	
Zip	Country	Zip	Country
33408	USA	33408	USA

4. FEI Number 65-0838396	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SHACKLETON, ALBERT
 4100 N. OCEAN DR.
 SUITE WT 2504
 SINGER ISLAND FL 33404

7. Name and Address of New Registered Agent

Name: ALBERT SHACKLETON
 Street Address (P.O. Box Number is Not Acceptable): 14050 US HIGHWAY #1
 SUITE # 2
 City: JUNO BEACH FL FL Zip Code: 33408

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.

ALBERT SHACKLETON

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/12/00

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, 2000 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	<input type="checkbox"/> Delete
NAME	D. SHACKLETON, ALBERT
STREET ADDRESS	4100 NORTH OCEAN DRIVE WT 2504
CITY-ST-ZIP	SINGER ISLAND FL 33404
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	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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	
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:

ALBERT SHACKLETON
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/12/00
 Date

561-845-6718
 Daytime Phone #

CR2E034 (9/99)