

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2002 8:00 am
Secretary of State

05-23-2002 90023 047 ***150.00

DOCUMENT # 623445

1. Entity Name
ON THE SHORE, INC.

Principal Place of Business

**20505 S. DIXIE HWY
 SUITE 1211
 MIAMI FL 33189
 US**

Mailing Address

**20505 S. DIXIE HWY.
 SUITE 1211
 MIAMI FL 33189
 US**

2. Principal Place of Business

20505 S. DIXIE HWY

3. Mailing Address

20505 S. DIXIE HWY

Suite, Apt. #, etc.

1381

Suite, Apt. #, etc.

1381

City & State

MIAMI FL

City & State

MIAMI FL

Zip

33189

Country

USA

Zip

33189

Country

USA

4. FEI Number

59-1927590

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**ARORA, GOVARDHAN D.
 20505 S. DIXIE HWY #1211
 #461
 MIAMI FL 33189**

7. Name and Address of New Registered Agent

Name
ARORA, GOVARDHAN D.

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

20505 S. DIXIE HWY #1381

City **MIAMI**

FL

Zip Code

33189

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 \$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 **D** ☐ Delete
 NAME **ARORA, GOVARDHAN D.**
 STREET ADDRESS **20505 S. DIXIE HWY, SUITE 1211**
 CITY-ST-ZIP **MIAMI FL**

TITLE **ST** ☐ Delete
 NAME **ARORA, JEANNE J.**
 STREET ADDRESS **20505 S. DIXIE HWY, SUITE 1211**
 CITY-ST-ZIP **MIAMI FL**

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 ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **SUITE #1211 - change to #1381**
 CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **SUITE #1211 - change to #1381**
 CITY-ST-ZIP

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

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 CITY-ST-ZIP

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

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

CR2E034 (9/01)

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **[Signature]**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/02 305 251 4575
 Date Daytime Phone #