2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

DOCUMENT # 834740 1. Entity Name SHORE CREST CORPORATION					Secretary of State 02-25-2002 90082 036 ***150.00		
Principal Pla	ce of Business	Mailing Address					
1515 NORTH FEDERAL HIGHWAY. #100 BOCA RATON FL 33432 US		% BANK ONE 1515 NORTH FEDERAL HIGHWAY. #100 BOCA RATON FL 33432 US					
	Place of Business	ne	·			#1011 DIEN 1001	
Suite, Apt. #, etc. 325 NE Mizner Blud, #150 City & State Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State				DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For			
Boca f	Raton, FL	Boca Raton			36-6051270		ot Applicable
zip ろろく	132 Country	Zip 33432	Country USA	5.	Certificate of Status Desired	\$8.75 Ad Fee Require	
	6. Name and Address of Current R			7.	Name and Address of New Register	· · · · · · · · · · · · · · · · · · ·	
544400	*******		Name				
RAMOS, MARICELA G Street Address (F				Address (P.O. I	Box Number is Not Acceptable)		
	RTH FEDERAL HIGHWAY, #100						
	ATON FL 33432	City	City FL Zip Code				
8. The above	named entity submits this statement for t	the number of changing its	agistared office o	or registered as		_	
	Signature, typed or printed name of registered agent and oration is eligible to satisfy its Intangible requirement and elects to do so.		Registered Agent signa FEE IS \$150 Fee will be \$.00	10. Election Campaign Financing	\$5.0	00 May Be
	ria on back)	Make Check Payabl			Trust Fund Contribution.	☐ Adde	d to Fees
TITLE	OFFICERS AND D		12.	T	DDITIONS/CHANGES TO OFFICERS A		
NAME STREET ADDRESS CITY-ST-ZIP	D MILANI, DEAN 936 HARAID COURT HIGHLAND PARK IL 60035	☐ Delete	NAME STREET ADDRESS CITY-ST-ZIP		nilani Ambedwards Rd "IL Loos L	E Change	Addition :
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FAULKNER, STEVEN L % BANK ONE, 774 PARK MEADO! WESTERVILLE OH 43081	□ Delete W ROAD	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐] Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	O RAMOS, MARICELA G % BANK ONE, 1515 N. FEDERAL BOCA RATON FL 33432	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐] Change	Addition
TITLE NAME Street address City-St-Zip		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐] Change	☐ Addition
TITLE Name Street address City-St-Zip		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition
of the cor	ertify that the information supplied with the on this report or supplemental report is triporation or the receiver or trustee empower or on an attachment with an address, with	ue and accurate and that my ered to execute this report as	i signature shall h	avo the came I	east offect self made under eath: the	Lam on officer	or disoptos