

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 06, 2002 8:00 am
Secretary of State

04-22-2002 90238 015 ****50.00

DOCUMENT # L00000013038

1. Entity Name
SHOREWALKER PLACE LLC

40700



DO NOT WRITE IN THIS SPACE

Principal Place of Business
1102 COCONUT ROW
DELRAY BEACH FL 33483

Mailing Address
1102 COCONUT ROW
DELRAY BEACH FL 33483

2. Principal Place of Business

3. Mailing Address
777 E. ATLANTIC AVE
Suite Z, Box 250

Suite, Apt. #, etc.

City & State

City & State
Delray Bch, FL

4. FEI Number **65-1051749**

Applied For
 Not Applicable

Zip

Country

Zip
33483

Country

USA

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATE CREATIONS NETWORK INC.
941 FOURTH STREET #200
MIAMI BEACH FL 33139

Name **DONNA R Slebocka Esq**
 Street Address (P.O. Box Number is Not Acceptable)
1551 FORUM PLACE SUITE 200
West Palm Beach FL 33401

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By September 25, 2002

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC DAWES, JONATHAN 1102 COCONUT ROW DELRAY BEACH FL 33483 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT SACQUELINE A. DAWES 777 E. ATLANTIC AVE #2-250 Delray Bch., FL 33483 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MICHAEL AGELOFF 100 N OCEAN BLVD #106 Delray Bch, FL 33483 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR MICHAEL AGELOFF 100 N OCEAN BLVD #106 Delray Bch, FL 33483 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (4/02)