

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 10, 2000 8:00 am
Secretary of State

07-10-2000 90013 041 ****61.25

DOCUMENT # N33527

1. Entity Name

SHORES COMMERCIAL CENTER CONDOMINIUM ASSOCIATION

Principal Place of Business

Mailing Address

13000 SW 120TH ST
 MIAMI FL 33186
 US

13000 S.W. 120TH ST
 C/O MRS. IVANKA PROYO
 MIAMI FL 33186-4526
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0200014

Applied For

Not Applicable

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

INTERNATIONAL REAL ESTATE ENTERPRISES INC
 13000 SW 120 ST
 STE 125
 MIAMI FL 33188

Name

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

City

FL

Zip Code

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

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	CHANGE	ADDITION
DP	WATERS, TOM	12206 SW 129 CT	MIAMI FL	<input checked="" type="checkbox"/>	DP	Jackson Oswald	12212 SW 129 Ct.	Miami, FL 33186	<input checked="" type="checkbox"/>	<input type="checkbox"/>
DP	CAHIZ, CARLOS	12100 SW 129 CT	MIAMI FL 33188	<input checked="" type="checkbox"/>	DP	Vanna Vallecillo	12200 SW 129 Ct.	Miami, FL 33186	<input type="checkbox"/>	<input checked="" type="checkbox"/>
VP	JACKSON, OSWALD	12212 SW 129 CT	MIAMI FL 33188	<input checked="" type="checkbox"/>	VP	Cahiz Carlos	12214 SW 129 Ct.	Miami, FL 33186	<input checked="" type="checkbox"/>	<input type="checkbox"/>
DS	CAMPBELL, PHILLIP	12210 SW 129 CT	MIAMI FL 33188	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* 4/28/00

305 232 1032

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)