

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N33527

FILED N33527

1. Entity Name

SHORES COMMERCIAL CENTER CONDOMINIUM ASSOCIATION, INC.

02 JUL 15 PM 3:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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 33186

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	DP	<input checked="" type="checkbox"/> Delete
NAME	WATERS, TOM	
STREET ADDRESS	12206 SW 129 CT	
CITY-ST-ZIP	MIAMI FL	
TITLE	DP	<input type="checkbox"/> Delete
NAME	CAHIZ, CARLOS	
STREET ADDRESS	12100 SW 129 CT	
CITY-ST-ZIP	MIAMI FL 33186	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	JACKSON, OSWALD	
STREET ADDRESS	12212 SW 129 CT	
CITY-ST-ZIP	MIAMI FL 33186	
TITLE	DS	<input type="checkbox"/> Delete
NAME	CAMPBELL, PHILLIP	
STREET ADDRESS	12210 SW 129 CT	
CITY-ST-ZIP	MIAMI FL 33186	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Vanna Vallecillo	
STREET ADDRESS	12200 SW 129 Ct.	
CITY-ST-ZIP	Miami, Fl. 33186	
TITLE	DP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Carlos Cahiz	
STREET ADDRESS	12214 SW 129 Ct.	
CITY-ST-ZIP	Miami, Fl. 33186	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Francis Ortega	
STREET ADDRESS	12204 SW 129 Ct.	
CITY-ST-ZIP	Miami, Fl. 33186	
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		

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

[Handwritten Signature]

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