

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N98000007197**

1. Entity Name

= **SHARK FOUNDATION, INC.****FILED**
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90116 042 ****61.25

Principal Place of Business

Mailing Address

C/O RICHARDS
2665 S. BAYSHORE DR., STE. 703
MIAMI FL 33133**C/O RICHARDS**
2665 S. BAYSHORE DR., STE. 703
MIAMI FL 33133**B0098600**

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

65-0903122

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

WORLD CORPORATE SERVICES, INC
2665 S BAYSHORE DR
SUITE 703
MIAMI FL 33133

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 \$61.259. 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 **PD** ☐ Delete
NAME **GODNECHT, ALEXANDER**
STREET ADDRESS **2665 S BAYSHORE DR #703**
CITY-ST-ZIP **MIAMI FL 33133**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **VPD** ☐ Delete
NAME **THORSECKE, HEINRICH**
STREET ADDRESS **2665 S BAYSHORE DR #703**
CITY-ST-ZIP **MIAMI FL 33133**TITLE **VPD** ☒ Change ☐ Addition
NAME **Thorbecke, Heinrich**
STREET ADDRESS **2665 S. Bayshore Drive, #703**
CITY-ST-ZIP **Miami, Florida 33133**TITLE **SD** ☐ Delete
NAME **ADKISON, GARY**
STREET ADDRESS **2665 S BAYSHORE DR #703**
CITY-ST-ZIP **MIAMI FL 33133**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **AS** ☐ Delete
NAME **RICHARDS, TIMOTHY D**
STREET ADDRESS **2665 S BAYSHORE DR STE 703**
CITY-ST-ZIP **MIAMI FL 33133**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ 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: *Timothy D. Richards* **Timothy D. Richards 4/19/02 (305) 858-9900**

CR2E037 (9/01)