

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Feb 13, 2001 8:00 am**
Secretary of State

02-13-2001 90569 042 ***158.75

DOCUMENT # P00000097679

1. Entity Name

SHORESIDE GUEST SERVICES, INC.

Principal Place of Business

9050 PINES BLVD STE 370
HOLLYWOOD FL 33024

Mailing Address

9050 PINES BLVD STE 370
HOLLYWOOD FL 33024

2. Principal Place of Business

300 BISCAYNE BOULEVARD WAY

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 622

City & State

MIAMI, FLORIDA

City & State

Zip

33131

Country

USA

Zip

Country

4. FEI Number

05-1053452

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

RODRIGUEZ, D. FRANK
9050 PINES BLVD STE 370
HOLLYWOOD FL 33024

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

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back)☒**FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution.☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	D	GARCIA, GUILLERMO JR	10330 SW 37TH STREET MIAMI FL 33165	<input type="checkbox"/>
	D	RODRIGUEZ, D. FRANK	2681 WEST ABIACA CIRCLE DAVIE FL 33328	<input type="checkbox"/>
	D	SCHULMAN, JACKIE L	9050 PINES BLVD STE 370 HOLLYWOOD FL 33024	<input type="checkbox"/>
	D	POLLEDRI, ALBA	300 BISCAYNE BLVD STE 622 MIAMI FL 33131	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

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

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

D. FRANK RODRIGUEZ**2/6/01**

Date

(954) 296-2022

Daytime Phone #

CR2E034 (10/00)