

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2003 8:00 am
Secretary of State

04-18-2003 90179 046 ***150.00

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DOCUMENT # P00000113020

1. Entity Name
SHORE MANAGEMENT CORP.



Principal Place of Business
3300 NW 40TH ST
FORT LAUDERDALE FL 33308

Mailing Address
3300 NE 40TH ST
FORT LAUDERDALE FL 33308



2. Principal Place of Business
P.O. Box 480145
Suite, Apt. #, etc.
FT LAUD FL

3. Mailing Address
P.O. Box 480145
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State
FT LAUD FL

City & State
FT LAUD FL

4. FEI Number 65-1072312

Applied For
Not Applicable

Zip Country
33348 USA

Zip Country
33348 USA

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

PONN, DENNIS
1525 N. PARK DR
STE 102
FORT LAUDERDALE FL 33326

Name
PONN DENNIS
Street Address (P.O. Box Number is Not Acceptable)
1525 N. PARK DR.
SUITE 102
City
WESTON FL Zip Code
33326

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME SHORE, ANNMARIE
STREET ADDRESS 3300 NE 40 ST
CITY-ST-ZIP FORT LAUDERDALE FL 33308

TITLE VP/D
NAME SHORE ANNEMARIE
STREET ADDRESS 3300-N.E 40 ST
CITY-ST-ZIP FT LAUD FL. 33308
☐ Change ☒ Addition
SPELLING ANNEMARIE WRONG ADDRES

TITLE STD
NAME SHORE, SHELDON
STREET ADDRESS 3300 NE 40 ST
CITY-ST-ZIP FORT LAUDERDALE FL 33308

TITLE P.D.
NAME SHORE SHELDON
STREET ADDRESS 3300-NE 40 ST
CITY-ST-ZIP FT LAUD FL. 33308
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition

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CITY-ST-ZIP
☐ Change ☐ Addition

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 607, 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 information.

SIGNATURE: SHELDON SHORE PRESIDENT 4/15/03 954-561-0446
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E0347 0/0/02