

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **PO1000046170** ✓
 1. Entity Name
Northshore Management Corporation Inc.

872386

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
9 Island Ave
 Suite, Apt. #, etc.
410
 City & State
Miami Beach, FL
 Zip
33139 Country
USA

3. Mailing Address
P.O. Box 310086
 Suite, Apt. #, etc.
 City & State
Miami, FL
 Zip
331231-0086 Country
USA

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1102040 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

7. Name and Address of Current Registered Agent
 Name **Alexandre R. Shalabi**
 Street Address (P.O. Box Number is Not Acceptable)
9 Island Ave. - Suite 410
 City **Miami Beach FL** Zip Code
33139-1356

DO NOT WRITE IN THIS SPACE

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 _____ DATE _____
Signature, typed or printed name of registered agent, and UIC if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
(See criteria on back)

January 1 - May 1: Fee is \$150.00
 After May 1: Fee is \$550.00
 Amended UBR is \$61.25
 Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P/D Wilton Roberto Shalabi 9 Island Ave. - Suite 410 Miami Beach, FL 33139	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V/D Alexandre Ricardo Shalabi 9 Island Ave. - Suite 410 Miami Beach, FL 33139	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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CR2E034B (12/01)

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 on an attachment with an address, with all other like empowerments.

SIGNATURE: **Wilton R. Shalabi** - **Wilton R. Shalabi** (786)325-2274
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

Attachment
#PO1000046170

Email: northshoregroup@usa.net

872386

Northshore Management Corp.

July 6, 2002

Florida Department of State
Division of Corporations
P.O. Box 6237 -
Tallahassee, FL 32314

Dear Sir:

We kindly ask that the US \$ 400.00 late fee for the filing of the annual Uniform Business Report with the Department of State be waived as such was never received by our corporation. We entered into contact with your office requesting such be sent again via mail.

We thank you for the kind and prompt attention given to date.

Cordially,


Welton R. Sharabi
President