

FILED
Mar 12, 2002 8:00 am
Secretary of State

02-06-2002 90017 025 ***158.75

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000082731

1. Entity Name
SHORELINE ENGINEERING, INC.

Principal Place of Business Mailing Address
2781 SW 56 AVENUE 2781 SW 56 AVENUE
PEMBROKE PARK FL 33023 PEMBROKE PARK FL 33023



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 Applied For
65-1133694 Not Applicable

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

8. Name and Address of Current Registered Agent
SANTOS, MAURO C ESQ
25 SE 2 AVENUE SUITE 1235
MIAMI FL 33131

7. Name and Address of New Registered Agent
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 _____ DATE _____
Signature, typed or printed name of registered agent and title 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)

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	ROYO, JAMES A	
STREET ADDRESS	1316 NW 127 DRIVE	
CITY-ST-ZIP	SUNRISE FL 33323	
TITLE	D	<input type="checkbox"/> Delete
NAME	REED, BARRY S	
STREET ADDRESS	11080 SW 23 STREET	
CITY-ST-ZIP	DAVIE FL 33324	
TITLE	D	<input type="checkbox"/> Delete
NAME	BETANCOURT, S. MICHAEL	
STREET ADDRESS	10481 SW 18 PLACE	
CITY-ST-ZIP	DAVIE FL 33324	
TITLE	D	<input type="checkbox"/> Delete
NAME	MCGEE, JOHN R	
STREET ADDRESS	11050 SW 23 STREET	
CITY-ST-ZIP	DAVIE FL 33324	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

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: James A Royo **JAMES A Royo** Director 1/17/02 9549450460
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)