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## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000095726  1. Entity Name BAYSHORE INVESTORS, INC.						03 APR 25 AM 8: 49 SECRETARY OF STATE	
Principal Place 7777 GLADES BOCA RATON	ROAD STE 300	Mailing Address 7777 GLADES ROAD STE 300 BOCA RATON FL 33434				SECFETARY OF STATE TALLAHASSEE, FLORIDA	
2. Principal P	lace of Business	3. Mailing Address			_	4 1881/1881 171 88/116 1701/ 188/1/ 88/1/ 187/1/ 188/10 16/1/ 18/1/ 16/1/ 16/1/ 17/1/ 18/1/ 18/1/ 18/1/ 18/1/	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			_	☐ CHECK HERE IF MAKING CHANGES	
City & State	9	City & State			4.	FEI Number Applied For Not Applicable	
Zip	Country	Zip		Country	5.	Certificate of Status Desired S8.75 Additional Fee Required	
	6. Name and Address of Current	Registere	d Agent		7.	Name and Address of New Registered Agent	
				Name			
JEFFREY A DEUTCH, P.A. 7777 GLADES ROAD STE 300					ess (P.O. E	Box Number is Not Acceptable)	
BOCA RATON FL 33434							
				City	City FL Zip Code		
	named entity submits this statement fi ions of registered agent.	or the purp	ose of changing its	registered office or reg	istered ag	ent, or both, in the State of Florida. I am familiar with, and accept	
SIGNATURE _	Signature, typed or printed name of registered agen	t and title if app	licable. (NOTI	E: Registered Agent signature re-	quired when re	einstating) 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 \$5.00 May Be Trust Fund Contribution.  Added to Fees	
10.	OFFICERS AND	DIRECTO	RS	11.	AD	DDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D POMERANTZ, ALICE 7777 GLADES ROAD STE 300 BOCA RATON FL 33434		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition ☐ 400018464234 ☐ Change ☐ Addition ☐ Addition ☐ Change ☐ Change ☐ Addition ☐ Change ☐	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ESPOSITO, RAPHAEL JR 7777 GLADES ROAD STE 300 BOCA RATON FL 33434		☐ Delete	TITLE NAME STREET ADDRESS CITY-SI-ZIP		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GATTINGER, FRANKLIN J 7777 GLADES ROAD STE 300 BOCA RATON FL 33434		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition .	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D POMERANTZ, TERRY 7777 GLADES ROAD STE 300 BOCA RATON FL 33434		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ertify that the information supplied with	h this filing	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	n Section	Change Addition  119.07(3)(i), Florida Statutes. I further certify that the information	

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. The address of the provided that the provided in the composition of the corporation of the corporation of the corporation of the receiver of 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. The provided the provided that the provided that my name appears in Block 10 or Block 11 if the provided that my name appears in Block 10 or Block 11 if the provided that my name appears in Block 10 or Block 11 if the provided that my name appears in Block 10 or Block 11 if the provided that my name appears in Block 10 or Block 11 if the provided that my name appears in Block 10 or Block 11 if the provided that my name appears in Block 10 or Block 11 if the provided that my name appears in Block 10 or Block 11 if the provided that my name appears in Block 10 or Block 11 if the provided that my name appears in Block 10 or Block 11 if the provided that my name appears in Block 10 or Block 11 if the provided that my name appears in Block 10 or Block 11 if the provided that my name appears in Block 10 or Block 11 if the provided that my name appears in Block 10 or Block 11 if the provided that my name appears in Block 10 or Block 10 or Block 11 if the provided that my name appears in Block 10 or Block 11 if the provided that my name appears in Block 10 or Block 11 if the provided that my name appears in Block 10 or WEOLING OFFICER OR DIRECTOR 2003-04-07 Date (514) 341-8600 Daytime Phone # SIGNATURE: