

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2000 8:00 am
Secretary of State
03-06-2000 90058 029 ***150.00

DOCUMENT # P93000018614

1. Entity Name
SHOREWOOD HOLDING CORP.

Principal Place of Business TENTH AVENUE NORTH FLOOR WORTH FL 33461	Mailing Address 1926 TENTH AVENUE NORTH 4TH FLOOR LAKE WORTH FL 33461-3300 US
--	---

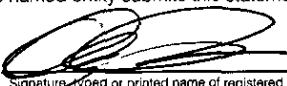
2. Principal Place of Business 1926 Tenth Avenue North Suite, Apt. #, etc. Suite 400 City & State Lake Worth, FL Zip 33461	3. Mailing Address 1926 Tenth Avenue North Suite, Apt. #, etc. Suite 400 City & State Lake Worth, FL Zip 33461 Country Palm Beach
--	--

4. FEI Number 11-3121438	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent
ROGERS, JAMES M
1926 TENTH AVENUE NORTH
4TH FLOOR
LAKE WORTH FL 33461

7. Name and Address of New Registered Agent
Name
Olga E. Parra
Street Address (P.O. Box Number is Not Acceptable)
1926 Tenth Avenue North
Suite 400
City
Lake Worth **FL** Zip Code
33461


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  **Olga E. Parra** **1/25/00**
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) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	DP SHAPIRO, HONORA 1926 TENTH AVENUE NORTH 4TH FLOOR LAKE WORTH FL 33461 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1926 Tenth Avenue North, Suite 400
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVPT ROGERS, JAMES M 1926 TENTH AVENUE NORTH 4TH FLOOR LAKE WORTH FL 33461 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPAS WELLINGTON, GRAHAM P 1926 TENTH AVENUE NORTH 4TH FLOOR LAKE WORTH FL 33461 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition VST Graham Paul Wellington 1926 Tenth Avenue North, Suite 400 Lake Worth, FL 33461
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV BERNSTEIN, MICHAEL 1926 TENTH AVE., N., 4TH FL. LAKE WORTH FL 33461 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1926 Tenth Avenue North, Suite 400
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SHAPIRO, STEPHEN J 1926 TENTH AVE., N., 4TH FL. LAKE WORTH FL 22461 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1926 Tenth Avenue North, Suite 400
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS HUNTER, MARGARET A 1926 TENTH AVE., N., 4TH FL LAKE WORTH FL 33461 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1926 Tenth Avenue North, Suite 400

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:  **Michael Bernstein, Senior Vice President** **1/25/00** **(561) 540-6224**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)