

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000028926

1. Entity Name

SHORESIDE FLORIDA, INC.

Principal Place of Business

2250 EISENHOWER BLVD
BLDG 611 #306
FT LAUDERDALE FL 33316

Mailing Address

P.O. BOX 21428
FT LAUDERDALE FL 33335

2. Principal Place of Business

ALMONS BUILDING
Suite, Apt. #, etc.
2800 SW 4th Ave Bay 5

3. Mailing Address

2800 SW 4th Ave, Bay 5
Suite, Apt. #, etc.

City & State

Fort Lauderdale

City & State

Fort Lauderdale
FL 33335

Zip

33335

Country

USA

Zip

Country

USA

6. Name and Address of Current Registered Agent

ADAMS, GALLINAR, IGLESIAS & MEYER, P.A.
701 BRICKELL AVE., STE. 2150
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

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) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 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

TITLE	D	<input type="checkbox"/> Delete
NAME	SHIPP, ARTHUR J	
STREET ADDRESS	200 SOUTH BISCAYNE BLVD., STE. 3900	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE	D	<input type="checkbox"/> Delete
NAME	PACKHAM, KEITH R	
STREET ADDRESS	200 SOUTH BISCAYNE BLVD., STE. 3900	
CITY-ST-ZIP	MIAMI FL 33131	
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"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/7/01
Date

954 523 2308
Daytime Phone #

FILED
Apr 11, 2001 8:00 am
Secretary of State

04-11-2001 90068 009 ***150.00



DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)