

DOCUMENT # P98000105340

1. Entity Name

POMPANO SHORES, INC.

Principal Place of Business

Mailing Address

5411 BAYVIEW DR  
FORT LAUDERDALE FL 33308

5411 BAYVIEW DR  
FORT LAUDERDALE FL 33308

2. Principal Place of Business

1025 N FED HWY

3. Mailing Address

1025 N FED HWY

Suite, Apt. #, etc.

FT LAUD.

Suite, Apt. #, etc.

FT LAUD

City & State

FL

City & State

FL

Zip

33304

Country

BROWARD

Zip

33304

Country

BROWARD

6. Name and Address of Current Registered Agent

ALBANESE, JOHN  
2597 S.E. 12TH STREET  
POMPANO BEACH FL 33062

4. FEI Number NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

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	ALBANESE, JOHN	
STREET ADDRESS	2597 S.E. 12TH STREET	
CITY-ST-ZIP	POMPANO BEACH FL 33062	
TITLE	PRESIDENT	<input type="checkbox"/> Delete
NAME	JOHN ALBANESE	
STREET ADDRESS	5411 BAYVIEW DR	
CITY-ST-ZIP	FT LAUD - FL 33304	
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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STREET ADDRESS		
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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

Date

Daytime Phone #

**FILED**  
**Jan 10, 2001 8:00 am**  
**Secretary of State**

01-10-2001 90064 025 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)