

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 16, 2000 8:00 am**  
**Secretary of State**

05-16-2000 90011 016 \*\*\*150.00

**DOCUMENT #LP98000107218**

1. Entity Name

**SHIP AND SHORE INCORPORATED**

Principal Place of Business

Mailing Address

5840 WASHINGTON STREET (BAY 2)  
 HOLLYWOOD FL 33023

5840 WASHINGTON STREET (BAY 2)  
 HOLLYWOOD FL 33023-1947

2. Principal Place of Business

3. Mailing Address

5840 Washington St  
 Suite, Apt. #, etc.  
 BAY # 2

5840 Washington St  
 Suite, Apt. #, etc.  
 BAY # 2

City & State

City & State

Hollywood, FL

Hollywood, FL

Zip

Country

Zip

Country

33023 USA

33023 U.S.A.

4. FEI Number

65-0882789

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JENKS, LOUIS  
 5840 WASHINGTON STREET (BAY 2)  
 HOLLYWOOD FL 33023

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.

☐ OFF (See criteria on back)

**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. ☐

**\$5.00** May Be  
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11.

TITLE ☐ Delete  
 NAME D  
 STREET ADDRESS PERON, JORGE  
 CITY-ST-ZIP 5111 SARAZEN DR  
 HOLLYWOOD FL 33021

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME D  
 STREET ADDRESS PERON, MARLENE  
 CITY-ST-ZIP 5111 SARAZEN DR  
 HOLLYWOOD FL 33021

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME D  
 STREET ADDRESS JENKS, JODI  
 CITY-ST-ZIP 6161 SW 188 AVE  
 FT. LAUDERDALE FL 33332

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME D  
 STREET ADDRESS JENKS, LOUIS  
 CITY-ST-ZIP 6161 SW 188 AVE  
 FT. LAUDERDALE FL 33332

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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 #

4-26-2000 (954) 985-1733

CR2E034 (9/99)