

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **999 000017150**
 1. Entity Name
Shoreline Investments of South Florida, Inc.

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

01 JUL 18 PM 1:48

Principal Place of Business Mailing Address
9601 Collins Ave #302 **SAME**
Bal Harbour FL
33154

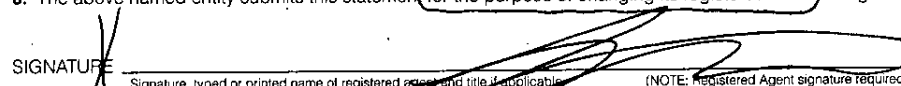
2. Principal Place of Business 3. Mailing Address
9601 Collins Ave
 Suite, Apt. #, etc. Suite, Apt. #, etc.
***302**
 City & State City & State
Bal Harbour FL
 Zip Country Zip Country
33154 USA

4. FEI Number Applied For
65-0903420 Not Applicable
 5. Certificate of Status Desired **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
Margaret Giventer
2030 S. Ocean Drive #324
Hallandale FL 33009

7. Name and Address of New Registered Agent
 Name **Margaret Giventer**
 Street Address (P.O. Box Number is Not Acceptable)
9601 Collins Ave
#302
 City **Bal Harbour** **FL** Zip Code **33154**

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  **Margaret Giventer** 4/30/01
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

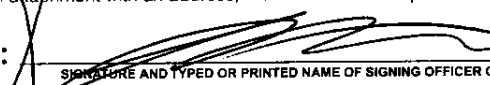
11. OFFICERS AND DIRECTORS	
TITLE D	<input type="checkbox"/> Delete
NAME Margaret Giventer	
STREET ADDRESS 9601 Collins Ave #302	
CITY-ST-ZIP Bal Harbour FL 33154	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
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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	
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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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******300.00 ****300.00**

4/23

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:  **MARGARET Giventer** 4/30/01 305-788-1055
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)