

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #
 Entity Name
 Shoreline Investments of South Florida, Inc.
 P99000018450

FILED

02 APR 19 AM 11:04

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

SAME
 FINAL RETURN

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

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

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

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

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 \$5.00 May Be Added to Fees
 Trust Fund Contribution.

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

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

700005482397-9
 -05/07/02-01094-012
 ***150.00 ***150.00

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]* Date 4/15/02 Daytime Phone # 305-788-1055

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