

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 21, 2000 8:00 am**  
**Secretary of State**

03-21-2000 90017 020 \*\*\*150.00

**DOCUMENT # 222763**

1. Entity Name

**BROWNSTONE COOPERATIVE APARTMENTS INC**

Principal Place of Business

Mailing Address

10178 COLLINS AVENUE  
 BAL HARBOUR  
 MIAMI BEACH FL 33154

10178 COLLINS AVENUE  
 BAL HARBOUR  
 MIAMI BEACH FLA 33154-1650

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-0868107**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**QUINONES, FAUSTO**  
 10178 COLLINS AVE, APT 107  
 BAL HARBOUR FL 33154

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, 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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	<b>ST</b>	<input type="checkbox"/> Delete	TITLE	<b>PRESIDENT</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WELSTEAD, ROSEMARY</b>		NAME		
STREET ADDRESS	<b>10178 COLLINS AVE</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>BAL HARBOUR, FL 00000</b>		CITY-ST-ZIP		
TITLE	<b>VP</b>	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>YESULAITIS, JOHN</b>		NAME		
STREET ADDRESS	<b>10178 COLLINS AVE</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>BAL HARBOUR, FL 00000</b>		CITY-ST-ZIP		
TITLE	<b>S</b>	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>POWER, MARY A</b>		NAME		
STREET ADDRESS	<b>10178 COLLINS AVE</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>BAL HARBOUR FL</b>		CITY-ST-ZIP		
TITLE	<b>P</b>	<input type="checkbox"/> Delete	TITLE	<b>SECRETARY/TREASURER</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FRADERA, RICARDO</b>		NAME		
STREET ADDRESS	<b>10178 COLLINS AVE</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>BAL HARBOUR, FL 00000</b>		CITY-ST-ZIP		
TITLE	<b>AS</b>	<input checked="" type="checkbox"/> Delete	TITLE	<b>ASST. SEC.</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>JACOBI, JOEL</b>		NAME	<b>ROBERT GALLAGHER</b>	
STREET ADDRESS	<b>10178 COLLINS AVE</b>		STREET ADDRESS	<b>10178 Collins Av # 110</b>	
CITY-ST-ZIP	<b>BAL HARBOUR FL</b>		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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...

SIGNATURE: *Rosemary Welstead*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**ROSEMARY WELSTEAD**  
**BROWNSTONE APARTMENT**

Date: **3/16/00**  
 Daytime Phone #: **(305) 891-5551**

CFR2E034 (9/99)