

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 222763

AMENDED ANNUAL REPORT

1. Entity Name

BROWNSTONE COOPERATIVE APARTMENTS INC

FILED

00 MAY 26 AM 11:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business 10178 COLLINS AVENUE BAL HARBOUR MIAMI BEACH FL 33154	Mailing Address 10178 COLLINS AVENUE BAL HARBOUR MIAMI BEACH FLA 33154-1650
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number	59-0868107	App	Not
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5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Added Fee Required
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6. Name and Address of Current Registered Agent

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

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 \_\_\_\_\_ (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.

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 Added

11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>Pres.</del> WELSTEAD, ROSEMARY 10178 COLLINS AVE BAL HARBOUR, FL 00000 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP YESULAITIS, JOHN 10178 COLLINS AVE BAL HARBOUR, FL 00000 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S POWER, MARY A 10178 COLLINS AVE BAL HARBOUR FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>Sec/treas.</del> FRADERA, RICARDO <b>DECEASED</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS JACOBI, JOEL <b>Robert Gallagher MOVED</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change 600003299516-3 -05/21/00--01090--007 *****61.25 *****61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change BRIAN LA TRONICO Sec/Treas 10178 Collins Av Bal Harbour FL 33154
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change FAUSTO QUINONES Asst/Sec/ 10178 Collins Ave Bal Harbour FL 33154
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change

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 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 changed, or on an attachment with an address, with another like empowered.

SIGNATURE: Rosemary Stead, PRES. 5/23/00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR