

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 05, 2001 8:00 am
Secretary of State

03-05-2001 90280 017 ***150.00

DOCUMENT # **222763**

1. Entity Name
BROWNSTONE COOPERATIVE APARTMENTS INC

Principal Place of Business

**10178 COLLINS AVENUE
 BAL HARBOUR
 MIAMI BEACH FL 33154**

Mailing Address

**10178 COLLINS AVENUE
 BAL HARBOUR
 MIAMI BEACH FL 33154**

204



DO NOT WRITE IN THIS SPACE

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

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

ROSEMARY WELSTEAD

Street Address (P.O. Box Number is Not Acceptable)

10178 Collins Av Apt. 204

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

Rosemary Welstead
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2/23/01
 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	WELSTEAD, ROSEMARY	
STREET ADDRESS	10178 COLLINS AVE	
CITY-ST-ZIP	BAL HARBOUR FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	YESULAITIS, JOHN	
STREET ADDRESS	10178 COLLINS AVE	
CITY-ST-ZIP	BAL HARBOUR FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	POWER, MARY A	
STREET ADDRESS	10178 COLLINS AVE	
CITY-ST-ZIP	BAL HARBOUR FL	
TITLE	ST	<input type="checkbox"/> Delete
NAME	LA TRONICO, BRIAN	
STREET ADDRESS	10178 COLLINS AVE	
CITY-ST-ZIP	BAL HARBOUR FL	
TITLE	AS	<input checked="" type="checkbox"/> Delete
NAME	QUINONES, FAUSTO	
STREET ADDRESS	10178 COLLINS AVE	
CITY-ST-ZIP	BAL HARBOUR FL	
TITLE		<input type="checkbox"/> Delete
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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	AS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Geraldine Lynch	
STREET ADDRESS	10178 Collins Ave	
CITY-ST-ZIP	Bal Harbour FL 33154	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Rosemary Welstead **PRES.**

NAME OF SIGNING OFFICER OR DIRECTOR

2/23/01 (305) 891-5551
 Date Daytime Phone #

ROSEMARY WELSTEAD

CR2E034 (1/07/00)