

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 700989

1. Entity Name

EASTERN SHORES COMMUNITY APTS INC.

Principal Place of Business

3741 NE 170TH ST.
NORTH MIAMI BCH FL 33160

Mailing Address

3741 NE 170TH ST.
NORTH MIAMI BCH FL 33160-3124

2. Principal Place of Business

3741 NE 170th ST
Apt #1

3. Mailing Address

SAME
Suite, Apt. #, etc.

City & State

No Miami Beach FL

City & State

" "

Zip

33160

Country

DADE

Zip

" "

Country

" "

6. Name and Address of Current Registered Agent

GROSSMAN, MELVIN
3701 NE 170TH ST #201
N. MIAMI BCH FL 33160

7. Name and Address of New Registered Agent

Name MARC BIELINSKI

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

3741 NE 170th ST

City

No Miami Beach

FL

Zip Code

33160

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

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE	ST	<input type="checkbox"/> Delete
NAME	SILBER, RACHEL	
STREET ADDRESS	3721 N.E. 170TH ST	
CITY-ST-ZIP	N. MIAMI BEACH FL 33160	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	GROSSMAN, MEL	
STREET ADDRESS	3701 NE 170TH ST	
CITY-ST-ZIP	NORTH MIAMI BCH FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	GUIDONE, ANTONY	
STREET ADDRESS	3741 NE 170TH ST.	
CITY-ST-ZIP	NORTH MIAMI BCH FL 33160	
TITLE	VPT	<input type="checkbox"/> Delete
NAME	SPIEGEL, DANIEL	
STREET ADDRESS	3661 NE 170TH ST	
CITY-ST-ZIP	NORTH MIAMI BEACH FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	DYE, TRACEY	
STREET ADDRESS	3721 NE 170 ST #3	
CITY-ST-ZIP	NORTH MIAMI BCH FL 33160	
TITLE	D	<input type="checkbox"/> Delete
NAME	HEIT, STELLA	
STREET ADDRESS	3721 NE 170 ST #1	
CITY-ST-ZIP	N MIAMI BEACH FL 33160	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARC BIELINSKI	
STREET ADDRESS	3741 NE 170th ST	
CITY-ST-ZIP	No Miami Beach FL 33160	
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		

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90127 016 ****61.25



DO NOT WRITE IN THIS SPACE

4. FEI Number

NOT APPLICABLE

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

CR2E037 (9/99)