

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2002 8:00 am
Secretary of State

0022876

DOCUMENT # 709715

1. Entity Name

921 APARTMENT ASSOCIATION, INC.

04-02-2002 90907 002 ****61.25

Principal Place of Business 921 MERIDIAN AVE MIAMI BEACH FL 33139 US	Mailing Address 921 MERIDIAN AVE MIAMI BEACH FL 33139 US
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00001



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State	City & State		
Zip	Country	Zip	Country

4. FEI Number 59-2059162	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

~~GOULD, JAY-W~~
**14465 SW 97TH AVE
 MIAMI FL 33176**

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 Jay W. Gould (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 <input checked="" type="checkbox"/> VD	NAME BELTSKY, RUSSELL	STREET ADDRESS 921 MERIDIAN AVE. #12	CITY-ST-ZIP MIAMI BEACH FL 33139	<input type="checkbox"/> Delete
TITLE <input type="checkbox"/>	NAME TSD CASILLAS, JOSEFINA	STREET ADDRESS 921 MERIDIAN AVE #8	CITY-ST-ZIP MIAMI BEACH FL 33139	<input type="checkbox"/> Delete
TITLE <input checked="" type="checkbox"/> VD	NAME NILES, GREGORY T	STREET ADDRESS 921 MERIDIAN AVE #7	CITY-ST-ZIP MIAMI BEACH FL 33139	<input checked="" type="checkbox"/> Delete
TITLE <input type="checkbox"/>	NAME PD GOULD, JAY W	STREET ADDRESS 14465 SW 97TH AVE	CITY-ST-ZIP MIAMI FL 33176	<input type="checkbox"/> Delete
TITLE <input type="checkbox"/>	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE <input type="checkbox"/>	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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: Jay W. Gould, President 2/28/02 786-367-0909

CR2E037 (9/01)