

FILED
Jun 02, 2003 8:00 am
Secretary of State

05-01-2003 90791 011 ****61.25

2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 709715

1. Entity Name

921 APARTMENT ASSOCIATION, INC.



55045613

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

Mailing Address
921 MERIDIAN AVE
MIAMI BEACH FL 33139
US

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

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

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 JOSE P. CASILLAS

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

921 Meridian Ave. #8

City Miami Beach

FL

Zip Code 33139

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	DELETE
NAME	BELTSKY, RUSSELL	
STREET ADDRESS	921 MERIDIAN AVE. #12	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE	TSD	DELETE
NAME	CASILLAS, JOSEFINA	
STREET ADDRESS	921 MERIDIAN AVE #8	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE	PD	DELETE
NAME	GOULD, JAY W	
STREET ADDRESS	14465 SW 97TH AVE	
CITY-ST-ZIP	MIAMI FL 33176	
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	CHANGE	ADDITION
NAME	ANTHONY HOUSEMAN		
STREET ADDRESS	921 MERIDIAN AVE #12		
CITY-ST-ZIP	MIAMI BEACH FL 33139		
TITLE		CHANGE	ADDITION
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	P	CHANGE	ADDITION
NAME	CLAUDIA HOUSEMAN		
STREET ADDRESS	921 MERIDIAN AVE #12		
CITY-ST-ZIP	MIAMI BEACH FL 33139		
TITLE		CHANGE	ADDITION
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		CHANGE	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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)