

2000 UNIFORM BUSINESS REPORT (UBR)

000665

DOCUMENT # F98000000118

1. Entity Name
CAPREIT OF BISCAYNE BEACHCLUB, INC.

Principal Place of Business 11200 ROCKVILLE PIKE SUITE 100 ROCKVILLE MD 20852 US	Mailing Address 11200 ROCKVILLE PIKE SUITE 100 ROCKVILLE MD 20852-3152 US		
2. Principal Place of Business	3. Mailing Address		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State	City & State		
Zip	Country	Zip	Country

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 FEB 28 AM 10:59



DO NOT WRITE IN THIS SPACE

4. FEI Number 52-2074225		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525		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. (See criteria on back)

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** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	CPT	<input type="checkbox"/> Delete
NAME	KADISH, RICHARD L	
STREET ADDRESS	11200 ROCKVILLE PIKE	
CITY-ST-ZIP	ROCKVILLE MD 20852	
TITLE	VCT	<input type="checkbox"/> Delete
NAME	ESPOSITO, BRUCE A	
STREET ADDRESS	11200 ROCKVILLE PIKE	
CITY-ST-ZIP	ROCKVILLE MD 20852	
TITLE	VS	<input type="checkbox"/> Delete
NAME	GOLDSHINE, JEFFREY A	
STREET ADDRESS	11200 ROCKVILLE PIKE	
CITY-ST-ZIP	ROCKVILLE MD 20852	
TITLE	V	<input type="checkbox"/> Delete
NAME	HEYMANN, ERNEST L	
STREET ADDRESS	11200 ROCKVILLE PIKE	
CITY-ST-ZIP	ROCKVILLE MD 20852	
TITLE	AV	<input type="checkbox"/> Delete
NAME	SHAPIRO, ROBERT A	
STREET ADDRESS	11200 ROCKVILLE PIKE	
CITY-ST-ZIP	ROCKVILLE MD 20852	
TITLE	V	<input type="checkbox"/> Delete
NAME	BECKER, SANDRA L	
STREET ADDRESS	11200 ROCKVILLE PIKE	
CITY-ST-ZIP	ROCKVILLE MD 20852	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P/D/CEO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SVP/T/D/CFO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SVP/S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SVP/S	<input checked="" 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		

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***2476.25 ***150.00

AD 2/28

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: Robert A. Shapiro, Pres. V.P. 2/4/00 (301) 231-8700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: Robert A. Shapiro Date: _____ Daytime Phone #: _____

CR2E034 (9/99)