

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 03, 2001 8:00 am
Secretary of State

02-03-2001 90299 030 ****70.00

DOCUMENT # **N98000007376**

1. Entity Name

MBCDC: FERNWOOD APARTMENTS, INC.

Principal Place of Business

Mailing Address

**1205 DREXEL AVE. 2ND FLOOR
 MIAMI BEACH FL 33139
 US**

**1205 DREXEL AVE. 2ND FLOOR
 MIAMI BEACH FL 33139
 US**

2. Principal Place of Business

3. Mailing Address

945 PENNSYLVANIA AVE
 Suite, Apt. #, etc.

945 PENNSYLVANIA AVE.
 Suite, Apt. #, etc.

City & State

City & State

MIAMI BEACH, FL

MIAMI BEACH, FL

4. FEI Number

65-0899456

Applied For

Not Applicable

Zip

Country

Zip

Country

33139

33139

5. Certificate of Status Desired A

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DAIDRRE, ROBERTO
 1205 DREXEL AVE
 MIAMI BEACH FL 33139**

Name **DATORRE, ROBERTO**

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

945 PENNSYLVANIA AVE

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/19/01

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|-----------------------------------|--|
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | DATORRE, ROBERTO | |
| STREET ADDRESS | 410 16TH ST | |
| CITY-ST-ZIP | MIAMI BEACH FL 33139 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | KENNEDY, KARL | |
| STREET ADDRESS | 1205 DREXEL AVE, 2ND FLOOR | |
| CITY-ST-ZIP | MIAMI BEACH FL 33139 | |
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | TOMLIN, DON | |
| STREET ADDRESS | 238 SAN MARINO DR | |
| CITY-ST-ZIP | MIAMI BEACH FL 33139 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|------------------------------|--|
| TITLE | D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | KENNEDY, KARL | |
| STREET ADDRESS | 945 PENNSYLVANIA AVE | |
| CITY-ST-ZIP | MIAMI BEACH, FL 33139 | |
| TITLE | ASSISTANT TREASURER | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | GANCEDO, JOSE | |
| STREET ADDRESS | 945 PENNSYLVANIA AVE | |
| CITY-ST-ZIP | MIAMI BEACH, FL 33139 | |
| TITLE | T | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | SINE, DAVID | |
| STREET ADDRESS | 334 WASHINGTON AVE | |
| CITY-ST-ZIP | MIAMI BEACH, FL 33139 | |
| TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | LIOTTA, LISA | |
| STREET ADDRESS | 945 PENNSYLVANIA AVE | |
| CITY-ST-ZIP | MIAMI BEACH, FL 33139 | |
| 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 ROBERTO DATORRE

1/19/01

305 5380090

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)