

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 01, 2002 8:00 am
Secretary of State

0095688

DOCUMENT # N98000007376

1. Entity Name

MBCDC: FERNWOOD APARTMENTS, INC.

04-01-2002 90043 003 *****70.00

Principal Place of Business

Mailing Address

**945 PENNSYLVANIA AVENUE
 MIAMI BEACH FL 33139
 US**

**945 PENNSYLVANIA AVENUE
 MIAMI BEACH FL 33139
 US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0899456

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DATORRE, ROBERTO
 945 PENNSYLVANIA AVENUE
 MIAMI BEACH FL 33139**

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	DATORRE, ROBERTO	
STREET ADDRESS	410 18TH 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 type="checkbox"/> Delete
NAME	TOMLIN, DON	
STREET ADDRESS	238 SAN MARINO DR	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE	AT	<input checked="" type="checkbox"/> Delete
NAME	GANCEDO, JOSE	
STREET ADDRESS	945 PENNSYLVANIA AVENUE	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE	T	<input type="checkbox"/> Delete
NAME	SINE, DAVID	
STREET ADDRESS	334 WASHINGTON AVENUE	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LIOTTA, LISA	
STREET ADDRESS	945 PENNSYLVANIA AVENUE	
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		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Richard Wood	
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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)