

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**


FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90570 004 ***150.00

17-9158 AV

DOCUMENT # P01000049819

1. Entity Name
MELROSE APARTMENTS OF MIAMI, INC.



Principal Place of Business
**6111 SW 86 ST
MIAMI FL 33143**

Mailing Address
**6111 SW 86 ST
MIAMI FL 33143**



2. Principal Place of Business
14707 SOUTH DIXIE HIGHWAY

Suite, Apt. #, etc.
204

City & State
MIAMI FLORIDA

Zip
33176

Country

3. Mailing Address
14707 SOUTH DIXIE HIGHWAY

Suite, Apt. #, etc.
SUITE 204

City & State
MIAMI FLORIDA

Zip
33176

Country

CHECK HERE IF MAKING CHANGES

4. FEI Number **65-1115514**

Applied For
 Not Applicable

6. Name and Address of Current Registered Agent

SMOLER, BRUCE J.
2611 HOLLYWOOD BLVD
HOLLYWOOD FL 33020

5. Certificate of Status Desired **\$8.75** Additional Fee Required

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

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	OFLEON, CARLOS	
STREET ADDRESS	6111 SW 86 ST	
CITY-ST-ZIP	MIAMI FL 33143	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DE LEON, CARLOS	
STREET ADDRESS	1824 BRICKELL AVENUE UNIT 1A	
CITY-ST-ZIP	MIAMI FL 33129	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	ZOSMAN, OFER	
STREET ADDRESS	6111 SW 86ST	
CITY-ST-ZIP	MIAMI FL 33143	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	ZOSMAN, OFER	
STREET ADDRESS	6111 SW 86 ST	
CITY-ST-ZIP	MIAMI FL 33143	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DELEON, CARLOS	
STREET ADDRESS	14707 SOUTH DIXIE HIGHWAY #204	
CITY-ST-ZIP	MIAMI FL 33176	
TITLE	S, VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZOSMAN, OFER	
STREET ADDRESS	14707 SOUTH DIXIE HIGHWAY SUITE 204	
CITY-ST-ZIP	MIAMI FL 33176	
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 607, 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 information.

SIGNATURE: *[Signature]* **CARLOS DE LEON** **1/15/03 (305)234-6117**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)