

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 17, 2003 8:00 am**  
**Secretary of State**

03-17-2003 90479 042 \*\*\*150.00

DOCUMENT # P0200011185



1. Entity Name  
GERSHWIN APARTMENTS, INC.

Principal Place of Business  
101 MADEIRA AVENUE  
CORAL GABLES FL 33134

Mailing Address  
101 MADEIRA AVENUE  
CORAL GABLES FL 33134



2. Principal Place of Business  
P.O. Box 142055  
Suite, Apt. #, etc.

3. Mailing Address  
P.O. Box 142055  
Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State  
Coral Gables, Florida  
Zip 33114 Country US

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Coral Gables, Florida  
Zip 33114 Country US

4. FEI Number  
01-0749869

Applied For  
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

MACHADO, CARLOS M ESQ.  
101 MADEIRA AVENUE  
CORAL GABLES FL 33134

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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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 empowered.

SIGNATURE: Carlos Machado 3/12/03 (305) 377-1000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)