

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 06, 2001 8:00 am**  
**Secretary of State**

02-06-2001 90042 019 \*\*\*150.00

**DOCUMENT # 205961**  
 1. Entity Name  
**MIAMI SHORES CO-OP APTS INC**

Principal Place of Business      Mailing Address  
**770 NE 91 ST**      **700 NE 93 ST.**  
**APT 1**      **MIAMI SHORES FL 33138**  
**MIAMI SHORES FL 33138**  
**US**

2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

4. FEI Number **59-6066283**      Applied For  
 Not Applicable

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



DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**  
**CAWEIN, HOWARD D.**  
**700 NE 93 ST.**  
**MIAMI SHORES FL 33138**

**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 Howard D. CAWEIN      [Signature]      1/22/01  
 Signature, typed or printed name of registered agent and title if applicable.      (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, 2001 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**

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

TITLE **PT**       Delete  
 NAME **CAWEIN, HOWARD D.**  
 STREET ADDRESS **700 NE 93 ST.**  
 CITY-ST-ZIP **MIAMI SHORES, FL 00000**

TITLE **VP & T**       Change       Addition  
 NAME **HOWARD CAWEIN, HOWARD D.**  
 STREET ADDRESS **700 NE 93 ST**  
 CITY-ST-ZIP **MIAMI SHORES, 33138**

TITLE **SVP**       Delete  
 NAME **MACMASTER, MIMI**  
 STREET ADDRESS **770 NE 91 ST #2**  
 CITY-ST-ZIP **MIAMI SHORES, FL 00000**

TITLE **S + D**       Change       Addition  
 NAME **MCMASTER, MIMI**  
 STREET ADDRESS **770 NE 91 ST #2**  
 CITY-ST-ZIP **MIAMI SHORES, FL 33138**

TITLE **D**       Delete  
 NAME **MALOLEY, HERB**  
 STREET ADDRESS **770 NE 91 ST #3**  
 CITY-ST-ZIP **MIAMI SHORES FL**

TITLE **D**       Change       Addition  
 NAME **WILLIAM DIMES**  
 STREET ADDRESS **770 NE 91 ST, #6**  
 CITY-ST-ZIP **MIAMI SHORES, FL 33138**

TITLE **D**       Delete  
 NAME **CANNADY, BEATRICE V**  
 STREET ADDRESS **770 NE 91 ST #6**  
 CITY-ST-ZIP **MIAMI SHORES FL**

TITLE **D**       Change       Addition  
 NAME **JAMES W. SPINNEY**  
 STREET ADDRESS **770 NE 91 ST, #1**  
 CITY-ST-ZIP **MIAMI SHORES, FL 33138**

TITLE **D**       Delete  
 NAME **BROWNING, AZALIA**  
 STREET ADDRESS **770 NE 91 ST #7**  
 CITY-ST-ZIP **MIAMI SHORES FL 33138**

TITLE **P + D**       Change       Addition  
 NAME **BROWNING, AZALIA**  
 STREET ADDRESS **770 NE 91 ST, #7**  
 CITY-ST-ZIP **MIAMI SHORES, FL 33138**

TITLE **D**       Delete  
 NAME **CLEMENTS, HARRY**  
 STREET ADDRESS **770 NE 91 ST #5**  
 CITY-ST-ZIP **MIAMI SHORES FL**

TITLE       Change       Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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: [Signature]      Howard D. CAWEIN      1/22/01      305-757-1018  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (10/00)