

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 04, 2002 8:00 am
Secretary of State

02-04-2002 90179 019 ***150.00

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

Principal Place of Business
770 NE 91 ST
APT 1
MIAMI SHORES FL 33138
US

Mailing Address
700 NE 93 ST.
MIAMI SHORES FL 33138



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip

3. Mailing Address
790 NE 91 ST APT #1
 Suite, Apt. #, etc.
APT #1
 City & State
MIAMI SHORES FL
 Zip
33138
 Country
U.S.A.

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

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

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 **HOWARD D. CAWEIN**
 Street Address (P.O. Box Number is Not Acceptable)
790 NE 91 ST APT #1
 City **MIAMI SHORES FL** Zip Code **33138**

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* **VP & TREAS.** 1/17/02
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, 2002 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	
TITLE VPT	<input type="checkbox"/> Delete
NAME CAWEIN, HOWARD D.	
STREET ADDRESS 700 NE 93 ST.	
CITY-ST-ZIP MIAMI SHORES FL 33138	
TITLE SD	<input type="checkbox"/> Delete
NAME MACMASTER, MIMI	
STREET ADDRESS 770 NE 91 ST #2	
CITY-ST-ZIP MIAMI SHORES FL 33138	
TITLE D	<input type="checkbox"/> Delete
NAME DIMES, WILLIAM	
STREET ADDRESS 770 NE 91 ST 6	
CITY-ST-ZIP MIAMI SHORES FL 33138	
TITLE D	<input type="checkbox"/> Delete
NAME SPINNEY, JAMES W	
STREET ADDRESS 770 NE 91 ST 6	
CITY-ST-ZIP MIAMI SHORES FL 33138	
TITLE PD	<input type="checkbox"/> Delete
NAME BROWNING, AZALIA	
STREET ADDRESS 770 NE 91 ST #7	
CITY-ST-ZIP MIAMI SHORES FL 33138	
TITLE D	<input type="checkbox"/> Delete
NAME CLEMENTS, HARRY	
STREET ADDRESS 770 NE 91 ST #5	
CITY-ST-ZIP MIAMI SHORES FL	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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 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 type="checkbox"/> Change <input type="checkbox"/> 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* **VP & Treas** 1/17/02 **305 757-1018**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)