

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 22, 2003 8:00 am
Secretary of State

01-22-2003 90161 047 ***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
770 NE 91 ST
APT 1
MIAMI SHORES FL 33138
US



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

790 NE 91 ST

Suite, Apt. #, etc.

APT # 1

Suite, Apt. #, etc.

City & State

City & State
MIAMI SHORES, FL

4. FEI Number **59-6066283**

Applied For

Not Applicable

Zip

Country

Zip

Country

33138

U.S.A.

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

CAWEIN, HOWARD D.
790 NE 93 ST.
MIAMI SHORES FL 33138

Name **HOWARD D. CAWEIN**

Street Address (P.O. Box Number is Not Acceptable)

790 NE 91 STREET

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

SIGNATURE *Howard D. Cawein* **HOWARD D. CAWEIN**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/20/03

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

TITLE **VPT** Delete
NAME **CAWEIN, HOWARD D.**
STREET ADDRESS **700 NE 93 ST.**
CITY-ST-ZIP **MIAMI SHORES FL 33138**

TITLE **S/T** Change Addition
NAME **CAWEIN, HOWARD D.**
STREET ADDRESS **790 NE 91 ST, APT #1**
CITY-ST-ZIP **MIAMI SHORES, FL 33138**

TITLE **SD** Delete
NAME **MACMASTER, MIMI**
STREET ADDRESS **770 NE 91 ST #2**
CITY-ST-ZIP **MIAMI SHORES FL 33138**

TITLE **D** Change Addition
NAME **BEATRICE CANNADY**
STREET ADDRESS **770 NE 91 ST APT # 4**
CITY-ST-ZIP **MIAMI SHORES, FL 33138**

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

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** Delete
NAME **SPINNEY, JAMES W**
STREET ADDRESS **770 NE 91 ST 6**
CITY-ST-ZIP **MIAMI SHORES FL 33138**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE **V/A/D** Change Addition
NAME **HARRY CLEMENTS**
STREET ADDRESS **770 NE 91 ST APT # 5**
CITY-ST-ZIP **MIAMI SHORES, FL 33138**

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: *Howard D. Cawein* **HOWARD D. CAWEIN**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/20/03

Date

305 757-1018

Daytime Phone #

CFR2E034 (10/02)