

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 15, 2000 8:00 am
Secretary of State

02-15-2000 90054 016 ***150.00

DOCUMENT # 226777

1. Entity Name

LITTLE RIVER COOPERATIVE APARTMENTS, INC.

Principal Place of Business

Mailing Address

60 N.W. 79TH STREET
 MIAMI FL 33150

60 N.W. 79TH STREET
 MIAMI FL 33150-3092

00001400



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-0967455**

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

LONGTIN, MARGUERITE
60 NW 79 STREET #32
MIAMI FL 33150

Name **LONGTIN MAURICE**

Street Address (P.O. Box, Apartment, etc.) **60 NW 79th Street #32**

City **MIAMI FL**

FL Zip Code **33150**

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.

Maurice Longtin President

SIGNATURE

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, 2000 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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME P LONGTIN, MAURICE		NAME	
STREET ADDRESS 60 N.W. 79TH STREET #32		STREET ADDRESS	
CITY-ST-ZIP MIAMI FL		CITY-ST-ZIP	
NAME V MERCIER, JEAN PIERRE	<input type="checkbox"/> Delete	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 60 NW 79 STREET #12		STREET ADDRESS	
CITY-ST-ZIP MIAMI FL 33150		CITY-ST-ZIP	
NAME T LONGTIN, MARGUERITE	<input checked="" type="checkbox"/> Delete	NAME T Simard, Alma	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 60 NW 79TH STREET #32		STREET ADDRESS 60 NW 79th Street # 10	
CITY-ST-ZIP MIAMI FL		CITY-ST-ZIP Miami, FL	
NAME S GAGNON, DANIEL	<input type="checkbox"/> Delete	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 60 NW 79 STREET #25		STREET ADDRESS	
CITY-ST-ZIP MIAMI FL		CITY-ST-ZIP	
NAME M GENEST, GASTON	<input type="checkbox"/> Delete	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 60 NW 79TH STREET #2		STREET ADDRESS	
CITY-ST-ZIP MIAMI FL		CITY-ST-ZIP	
NAME	<input type="checkbox"/> Delete	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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:

Maurice Longtin

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Maurice Longtin 02-09-00 9057547828

CR2E034 (9/99)