

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2002 8:00 am
Secretary of State

03-06-2002 90046 016 ***150.00

DOCUMENT # 226777

1. Entity Name
LITTLE RIVER COOPERATIVE APARTMENTS, INC.

Principal Place of Business 60 N.W. 79TH STREET MIAMI FL 33150	Mailing Address 60 N.W. 79TH STREET MIAMI FL 33150
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DO NOT WRITE IN THIS SPACE

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 59-0967455			Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent LONGTIN, MAURICE 60 NW 79TH ST # 32 MIAMI FL 33150		7. Name and Address of New Registered Agent Name Claude Garon Street Address (P.O. Box Number is Not Acceptable) 60 NW 79th Street #31 City Miami FL 33150	
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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: *Claude Garon* **Claude Garon (President)** DATE: **02-19-2002**

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input checked="" type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME P LONGTIN, MAURICE STREET ADDRESS 60 N.W. 79TH STREET #32 CITY-ST-ZIP MIAMI FL	<input checked="" type="checkbox"/> Delete	TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME V MERCIER, JEAN PIERRE STREET ADDRESS 60 NW 79 STREET #12 CITY-ST-ZIP MIAMI FL 33150	<input checked="" type="checkbox"/> Delete	TITLE NAME V Hilarion Gelinas STREET ADDRESS 60 NW 79th Street #9 CITY-ST-ZIP Miami, Fl 33150	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME T SIMARD, ALMA STREET ADDRESS 60.NW.79TH.ST #10 CITY-ST-ZIP MIAMI FL	<input checked="" type="checkbox"/> Delete	TITLE NAME T Guy Begin STREET ADDRESS 60 NW 79th Street #14 CITY-ST-ZIP Miami, Fl 33150	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME S GAGNON, DANIEL STREET ADDRESS 60 NW 79 STREET #25 CITY-ST-ZIP MIAMI FL	<input type="checkbox"/> Delete	TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME M GENEST, GASTON STREET ADDRESS 60 NW 79TH STREET #2 CITY-ST-ZIP MIAMI FL	<input checked="" type="checkbox"/> Delete	TITLE NAME M Andre Martin STREET ADDRESS 60 NW 79th Street #3 CITY-ST-ZIP Miami, Fl, 33150	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME M GARON, CLAUDE STREET ADDRESS 60 NW 79TH STREET #31 CITY-ST-ZIP MIAMI FL 33150	<input type="checkbox"/> Delete	TITLE NAME P Garon, Claude STREET ADDRESS 60 NW 79th Street #31 CITY-ST-ZIP Miami, Fl 33150	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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 the title empowered.

SIGNATURE: *Claude Garon* **CLAUDE GARON** DATE: **02-19-02** DAYTIME PHONE #: **305-757-1989**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

UBR 01477 AY

CR2E034 (9/01)