

2000 UNIFORM BUSINESS REPORT (UBR)

4/1/00

DOCUMENT # 739054

1. Entity Name

NORTH MIAMI BEACH PROPERTY OWNERS IMPROVEMENT AS

Principal Place of Business

Mailing Address

15900 NE 13TH AVENUE
NORTH MIAMI BEACH FL 33160-0574

P.O. BOX 600574
NORTH MIAMI BEACH FL 33160-0574

2. Principal Place of Business

3. Mailing Address

1634 NE 171 STREET

Suite, Apt. #, etc.

NO MIAMI BEACH, FL

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

33162

USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BONVICINI, MARIANNE
1634 N.E. 171 STREET
N MIAMI BEACH FL 33162

Name

MARIANNE NAPOLITANO

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

SURNAME CHANGE ONLY

← SAME

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P
NAME SHAPP, AL
STREET ADDRESS 16450 MIAMI DR., #704
CITY-ST-ZIP NORTH MIAMI BEACH FL 33162

TITLE T
NAME ANDERSON, RUTH
STREET ADDRESS 18360 N.E. 20 CT.
CITY-ST-ZIP N MIAMI BEACH FL 33162

TITLE M
NAME MARIANNE BONVICINI
STREET ADDRESS 1634 NE 171 STREET
CITY-ST-ZIP N MIAMI BCH FL 33162

TITLE S
NAME MORSE, BEATRICE
STREET ADDRESS 1582 N.E. 180 ST
CITY-ST-ZIP N MIAMI BCH FL 33162

TITLE D
NAME MOFFATT, JOSEPH H
STREET ADDRESS 4400 HILLCREST DR. #318
CITY-ST-ZIP HOLLYWOOD FL 33021

TITLE D
NAME GRAHM, HELEN
STREET ADDRESS 2025 NE 164 STREET #816
CITY-ST-ZIP N MIAMI BCH. FL 33162

TITLE D
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE M/T
NAME MARIANNE NAPOLITANO
STREET ADDRESS SAME
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 617, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARIANNE NAPOLITANO

Date

Daytime Phone #

FILED
May 17, 2000 8:00 am
Secretary of State

04-05-2000 90099 030 ****66.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)