

2001 UNIFORM BUSINESS REPORT (UBR)

0565821

DOCUMENT # F93000003249

1. Entity Name
BOYKIN MIAMI REAL ESTATE COMPANY

FILED

01 APR 30 PM 12:59

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
45 W. PROSPECT AVE 45 W. PROSPECT AVE
GUILDHALL BLDG. #1500 GUILDHALL BLDG. #1500
CLEVELAND OH 44115 CLEVELAND OH 44115
US US

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 **34-1744092** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
**PRENTICE HALL CORPORATION SYSTEM
1201 HAYS ST.
SUITE 105
TALLAHASSEE FL 32301**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
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.) (NOT) 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!
After MAY 1, 2001
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

TITLE	PD	<input type="checkbox"/> Delete
NAME	BOYKIN, WILLIAM J	
STREET ADDRESS	45 W. PROSPECT AVE, GUILDHALL BLDG #1500	
CITY-ST-ZIP	CLEVELAND OH 44115	
TITLE	S	<input type="checkbox"/> Delete
NAME	BOYKIN, CAROL B	
STREET ADDRESS	45 W. PROSPECT AVE, GUILDHALL BLDG #1500	
CITY-ST-ZIP	CLEVELAND OH 44115	
TITLE	T	<input type="checkbox"/> Delete
NAME	O'NEIL, PAUL A	
STREET ADDRESS	45 W. PROSPECT AVE, GUILDHALL BLDG #1500	
CITY-ST-ZIP	CLEVELAND OH 44115	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	900004212339-9	
STREET ADDRESS	-05/11/01--01102--001	
CITY-ST-ZIP	***1852.50 ***150.00	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FILE	
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 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: *Paul A. O'Neil* Paul A. O'Neil 04/18/01 (216) 430-1200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER: R DIRECTOR Date Daytime Phone #

CR2E034 (10/00)