

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2002 8:00 am
Secretary of State

04-18-2002 90336 042 ****61.25

DOCUMENT # N93000001279

1. Entity Name

THE SHELBOURNE APARTMENT BUILDING, INC.

Principal Place of Business

**710 JEFFERSON AVE
 MIAMI BEACH FL 33139**

Mailing Address

**PO BOX 398988
 MIAMI BCH FL 33239-8988**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0457251

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ALIBERTI, MICHAEL A MSW
 710 JEFFERSON AVENUE
 MIAMI BEACH FL 33139**

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.

(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 Delete
 NAME **D ZAVALA, LORI**
 STREET ADDRESS **900 WEST AVENUE, #323**
 CITY-ST-ZIP **MIAMI BEACH FL 33139-5209**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D BROOKS, ANTHONY**
 STREET ADDRESS **1925 WASHINGTON AVE., #11**
 CITY-ST-ZIP **MIAMI BEACH FL 33139-1975**

TITLE Change Addition
 NAME **D RICHARD WOOD**
 STREET ADDRESS **945 PENNSYLVANIA AV**
 CITY-ST-ZIP **MIAMI BEACH, FL 33139**

TITLE Delete
 NAME **D DATORRE, ROBERTO**
 STREET ADDRESS **1205 DREXEL AVENUE, 2ND FLOOR**
 CITY-ST-ZIP **MIAMI BEACH FL 33139**

TITLE Change Addition
 NAME
 STREET ADDRESS **945 PENNSYLVANIA AVS**
 CITY-ST-ZIP **MIAMI BEACH, FL 33139**

TITLE Delete
 NAME **D HOLDER, CHERYL**
 STREET ADDRESS **16555 N.W. 25TH AVE.**
 CITY-ST-ZIP **OPA LOCKA FL 33054**

TITLE Change Addition
 NAME **D MONTE BROWN**
 STREET ADDRESS **50 N.W. 21ST ST**
 CITY-ST-ZIP **MIAMI, FL 33127**

TITLE Delete
 NAME **D SOSA, HERB**
 STREET ADDRESS **831 9TH STREET**
 CITY-ST-ZIP **MIAMI BEACH FL 33139-5611**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **P MARCUS, ARTHUR J**
 STREET ADDRESS **744 EUCLID AVE #1**
 CITY-ST-ZIP **MIAMI BEACH FL 33139**

TITLE Change Addition
 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 REQUIRED RICHARD C. WOOD

4/11/02 305 538-0090

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)