

2000 UNIFORM BUSINESS REPORT (UBR)

3/22

FILED
May 09, 2000 8:00 am
Secretary of State

03-22-2000 90062 007 ****70.00

DOCUMENT # N99000003883

1. Entity Name
MBCDC: CRESPI PARK APARTMENTS, INC.

Principal Place of Business Mailing Address
1205 DREXEL AVENUE **1205 DREXEL AVENUE**
MIAMI BEACH FL 33139 **MIAMI BEACH FL 33139-8200**



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 **31-1655567** Applied For
 Not Applicable

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

RAWICZ, JOHN M
STEARNS WEAVER MILLER WEISSLER, ET AL.
150 WEST FLAGLER ST., SUITE 2200
MIAMI FL 33130

Name **ROBERTO DATORE**
 Street Address (P.O. Box Number is Not Acceptable) **1205 DREXEL AVENUE**
 City **MIAMI BEACH** FL Zip Code **33139**

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 DATE **3/14/00**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when persisting)

**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	D	<input checked="" type="checkbox"/> Delete
NAME	RUSS, DENIS A	
STREET ADDRESS	1205 DREXEL AVENUE	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE	D	<input type="checkbox"/> Delete
NAME	DATORE, ROBERTO	
STREET ADDRESS	1205 DREXEL AVENUE	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DONNELLY, JEFFREY	
STREET ADDRESS	1205 DREXEL AVENUE	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE	D	<input type="checkbox"/> Delete
NAME	LIOTTA, LISA	
STREET ADDRESS	1205 DREXEL AVENUE	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	Chairperson	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Don Tomlin	
STREET ADDRESS	238 San Marino Dr.	
CITY-ST-ZIP	MIAMI BEACH, FL 33137	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	David Sinc	
STREET ADDRESS	334 Washington Ave	
CITY-ST-ZIP	MIAMI BEACH, FL 33139	
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		

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: DATE **3/14/00** Daytime Phone # **305 532-0090**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/99)