

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2002 8:00 am
Secretary of State

04-30-2002 90059 046 ***150.00

DOCUMENT # P99000010776

1. Entity Name
EASTWIND APARTMENTS DEVELOPMENT CORP.

Principal Place of Business Mailing Address
1681 KENNEDY CAUSEWAY SUITE 100-E **1681 KENNEDY CAUSEWAY SUITE 100-E**
NORTH BAY VILLAGE FL 33141 **NORTH BAY VILLAGE FL 33141**

2. Principal Place of Business 3. Mailing Address
300 71 Street **300 71 Street**

Suite, Apt. #, etc. Suite, Apt. #, etc.
Suite 310 **Suite 310**
City & State City & State
Miami Beach, Fl. **Miami Beach, Fl.**

Zip Country Zip Country
33141 **USA** **33141** **USA**

4. FEI Number Applied For
65-0913486 Not Applicable

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

WALTERS, JOSEPH N **300 71 Street**
~~**1681 KENNEDY CAUSEWAY SUITE 100-E**~~ **Suite 301**
~~**NORTH BAY VILLAGE FL 33141**~~ **Miami Beach, Fl.**
33141

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 _____ (NOTE: 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!!! 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. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PST <input type="checkbox"/> Delete
NAME	WALTERS, JOSEPH 300 71 Street
STREET ADDRESS	1681 KENNEDY CAUSEWAY SUITE 100-E Suite 301
CITY-ST-ZIP	NORTH BAY VILLAGE FL 33141 Miami Beach, Fl. 33141 <input type="checkbox"/> Delete
TITLE	<input type="checkbox"/> Delete
NAME	
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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 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 other like empowered.

SIGNATURE: **SIGNATURE REQUIRED** _____ **4/13/02**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)