

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 15, 2000 8:00 am**  
**Secretary of State**

03-15-2000 90110 009 \*\*\*150.00

**DOCUMENT # 397178**

1. Entity Name  
**423 CORAL WAY, INC.**

Principal Place of Business <b>C/O PACIFIC R. E. MGMT CORP.          #403 2490 CORAL WAY          MIAMI FL 33145          US</b>	Mailing Address <b>C/O PACIFIC R. E. MGMT CORP.          #403 2490 CORAL WAY          MIAMI FL 33145          US</b>
2. Principal Place of Business <b>C/O PACIFIC R. E. MGMT. CORP.          2600 DOUGLAS ROAD</b>	3. Mailing Address <b>C/O PACIFIC R. E. MGMT. CORP.          2600 DOUGLAS ROAD</b>
Suite, Apt. #, etc. <b>1004</b>	Suite, Apt. #, etc. <b>1004</b>
City & State <b>CORAL GABLES, FL.</b>	City & State <b>CORAL GABLES, FL.</b>
Zip <b>33134</b>	Country <b>US</b>
Zip <b>33134</b>	Country <b>US</b>

**822642**



DO NOT WRITE IN THIS SPACE

4. FEI Number <b>59-1383717</b>		Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent <b>MURAI, WALD, BIONDO &amp; MATTHEWS, P.A.          900 INGRAHAM BLDG., 25 S.E. 2ND AVENUE          MIAMI FL</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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, 2000 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 NAME STREET ADDRESS CITY-ST-ZIP	VPST SCHULTHEIS, THEODORE 2490 CORAL WAY #403 MIAMI FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SAME SAME 2600 DOUGLAS ROAD CORAL GABLES, FL. 33134	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PASD SIMON, XAVIER 2490 CORAL WAY #403 MIAMI FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SAME SAME 2600 DOUGLAS ROAD CORAL GABLES, FL. 33134	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPSD SIMON, JAMES 2490 CORAL WAY #403 MIAMI FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SAME SAME 2600 DOUGLAS ROAD CORAL GABLES, FL. 33134	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Theodore Schultheis** **THEODORE SCHULTHEIS** **3-13-00** **305-529-2488**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #