


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 23, 2003 8:00 am
Secretary of State

01-23-2003 90205 032 ****61.25

DOCUMENT # N21544

1. Entity Name
THE CORAL GABLES BAR ASSOCIATION, INCORPORATED



Principal Place of Business
**C/O DAVID B. MITCHELL, ESQ.
2655 LEJENNE RD
CORAL GABLES FL 33134
US**

Mailing Address
**C/O DAVID B. MITCHELL, ESQ.
2655 LEJENNE RD
CORAL GABLES FL 33134
US**



2. Principal Place of Business
2655 LE JEUNE RD

3. Mailing Address
2655 LE JEUNE RD

Suite, Apt. #, etc.

City & State

Zip Country

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**MITCHELL, DAVID B ESQ
2655 LE JEUNE RD.
SUITE 1001
CORAL GABLES FL 33134**

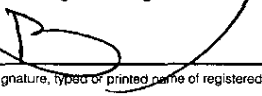
7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  DATE **1-03-03**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. **\$5.00** May Be Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
PD	DEL AMO, CARLOS C	201 SEVILLA AVENUE, #202	CORAL GABLES FL 33134	<input type="checkbox"/>
VD	FRIEDMAN, ALLISON L	1320 S. DIXIE HIGHWAY, PH	CORAL GABLES FL 33146	<input type="checkbox"/>
SD	HASSETT, KENNETH	201 SEVILLA AVE., # 202	CORAL GABLES FL 33134	<input type="checkbox"/>
TD	MITCHELL, DAVID	2655 LEJEUNE RD., 10TH FL	CORAL GABLES FL 33134	<input type="checkbox"/>
P	RUSSO, REX E	2655 LE JEUNE RD., PH 1-D	CORAL GABLES FL 33134	<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
PD	FRIEDMAN, Allison	1320 S. DIXIE HWY. PH	CORAL GABLES, FL 33146	<input checked="" type="checkbox"/>	<input type="checkbox"/>
VD	DAVID B. MITCHELL	2655 LE JEUNE ROAD #1001	CORAL GABLES, FL 33134	<input checked="" type="checkbox"/>	<input type="checkbox"/>
SD	JAMES P.E. ROEN	1320 S. DIXIE HWY. PH	CORAL GABLES, FL 33146	<input checked="" type="checkbox"/>	<input type="checkbox"/>
TD	KENNETH HASSETT	201 SEVILLA AVE #202	CORAL GABLES, FL 33134	<input checked="" type="checkbox"/>	<input type="checkbox"/>
D	DEL AMO, Carlos	201 Sevilla Ave. # 202	Coral Gables, FL 33134	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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

1-303 (305) 461-5015

CR2E037 (10/02)