

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 01, 2000 8:00 am**  
**Secretary of State**

05-01-2000 90051 041 \*\*\*150.00

**DOCUMENT # P99000060095**

1. Entity Name  
**CORAM, INC.**

Principal Place of Business <b>200 S.E. FIRST STREET          SUITE 602          MIAMI FL 33130</b>	Mailing Address <b>200 S.E. FIRST STREET          SUITE 602          MIAMI FL 33131-1906</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number	Applied For <input checked="" type="checkbox"/> Not Applicable
Zip	Country	Zip	Country

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**HARTLEY, TIMOTHY M  
 80 S.W. 8TH STREET  
 SUITE 2520  
 MIAMI FL 33130**

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.

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input checked="" type="checkbox"/> Delete <b>PARDIEU, ISABELLE</b> <b>200 S.E. FIRST STREET, SUITE 602</b> <b>MIAMI FL 33130</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input checked="" type="checkbox"/> Delete <b>LECHEVALIER, HERVE</b> <b>200 S.E. FIRST STREET, SUITE 602</b> <b>MIAMI FL 33130</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input checked="" type="checkbox"/> Delete <b>CAVALLO, VICTOR</b> <b>200 S.E. FIRST STREET, SUITE 602</b> <b>MIAMI FL 33130</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D-P</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Fernando Echevarria</b> <b>200 SE First Street, Suite 602</b> <b>Miami, FL 33130</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D-VP</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Joseph Cabo</b> <b>200 SE First Street, Suite 602</b> <b>Miami, FL 33130</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D-Secretary</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Gerardo Villafane</b> <b>200 SE First Street, Suite 602</b> <b>Miami, FL 33130</b>
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"/> Change <input type="checkbox"/> Addition
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 employees.

SIGNATURE *Gerardo Villafane* **R/A** **4/15/00** **(305) 373-2888**  
 \_\_\_\_\_  
 SIGNATURE AND TYPE OF PRINTED NAME OF FILING OFFICER OR DIRECTOR  
**TIMOTHY M. HARTLEY**

**GERARDO VILLAFANE SECRETARY** **9/26/00** **(305) 371-2461**

CR2E034 (9/99)