

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 23, 2001 8:00 am**  
**Secretary of State**

04-23-2001 90029 050 \*\*\*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 33130</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>200 S.E. FIRST STREET</b>	3. Mailing Address <b>200 S.E. FIRST STREET</b>
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Suite, Apt. #, etc. <b>602</b>	Suite, Apt. #, etc. <b>602</b>
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City & State <b>MIAMI, FL 33131</b>	City & State <b>MIAMI, FL 33131</b>
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4. FEI Number <b>65-1043965</b>	<b>NOT APPLICABLE</b>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
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Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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**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  
**VILLAFANE GERARDO**  
 Street Address (P.O. Box Number is Not Acceptable)  
**4361 PINE RIDGE CT**  
 City  
**WESTON** FL Zip Code  
**33331**

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 **4-11-01**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2001 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DP ECHEVARRIA, FERNANDO 200 SE FIRST STREET, SUITE 602 MIAMI FL 33130</b> <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	<b>DVP CABO, JOSEPH 200 SE FIRST STREET, SUITE 602 MIAMI FL 33130</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DS VILLAFANE, GERARDO 200 SE FIRST STREET, SUITE 602 MIAMI FL 33130</b> <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
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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 supplement 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 registered 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: DATE **4-11-01** 305 372 0071  
Signature, typed or printed name of signing officer or director Daytime Phone #

CR2E034 (10/00)