

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000004255

FILED
Mar 09, 2004
Secretary of State**Entity Name:** BUSINESS IMPROVEMENT DISTRICT OF CORAL GABLES, INC.**Current Principal Place of Business:**224 MIRACLE MILE
CORAL GABLES, FL 33134**New Principal Place of Business:****Current Mailing Address:**224 MIRACLE MILE
CORAL GABLES, FL 33134**New Mailing Address:****FEI Number:** 65-0782529**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**MESTRE, SILVIA
224 MIRACLE MILE
CORAL GABLES, FL 33134**Name and Address of New Registered Agent:**

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BOLADO, JOSE
Address: 336 MIRACLE MILE
City-St-Zip: CORAL GABLES, FL 33134

Title: V () Delete
Name: RETEGUIZ, FRANK
Address: 2401 PONCE DE LEON BLVD
City-St-Zip: CORAL GABLES, FL 33134

Title: T () Delete
Name: FULLERTON, LIZET
Address: 2601 S BAYSHORE DRIVE, 10 FL
City-St-Zip: MIAMI, FL 33133

Title: D () Delete
Name: WOLFE, JEFFREY
Address: 124 MIRACLE MILE
City-St-Zip: CORAL GABLES, FL 33134

Title: D () Delete
Name: MESTRE, SILVIA
Address: 224 MIRACLE MILE
City-St-Zip: CORAL GABLES, FL 33134

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: FONTE, GUS
Address: 1800 SW 27TH AVE, STE. 201
City-St-Zip: CORAL GABLES, FL 33145

Title: V (X) Change () Addition
Name: JURCAK, DAVID
Address: 180 ARAGON AVE
City-St-Zip: CORAL GABLES, FL 33134

Title: T (X) Change () Addition
Name: ROSENBLATT, BRAD
Address: 262 MIRACLE MILE
City-St-Zip: MIAMI, FL 33134

Title: D (X) Change () Addition
Name: FULLERTON, LIZET
Address: 2601 S BAYSHORE DRIVE, 10TH FLOOR
City-St-Zip: CORAL GABLES, FL 33134

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SILVIA MESTRE

D

03/09/2004

Electronic Signature of Signing Officer or Director

Date