

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N97000004255

FILED  
Mar 28, 2003  
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: BRAUN, MARVIN  
Address: 136 MIRACLE MILE  
City-St-Zip: CORAL GABLES, FL 33134

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

Title: T ( ) Delete  
Name: SALINAS, MARIA-JOSE  
Address: 2428 PONCE DE LEON BLVD  
City-St-Zip: CORAL GABLES, FL 33134

Title: D ( ) Delete  
Name: WEISSEL, JUDY  
Address: 11251 S.W. 72 COURT  
City-St-Zip: MIAMI, FL 33156

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: BOLADO, JOSE  
Address: 336 MIRACLE MILE  
City-St-Zip: CORAL GABLES, FL 33134

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

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

Title: D (X) Change ( ) Addition  
Name: WOLFE, JEFFREY  
Address: 124 MIRACLE MILE  
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

03/28/2003

Electronic Signature of Signing Officer or Director

Date