

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

**FILED**  
**May 02, 2003 8:00 am**  
**Secretary of State**

04-14-2003 90397 019 \*\*\*\*61.25

|   |   |  |   |   |  |
|---|---|--|---|---|--|
| <b>DOCUMENT # 715795</b><br>1. Entity Name<br><b>12590 CORONADO TOWERS CONDOMINIUM, INC.</b>  |   |  |   |   |  |
| Principal Place of Business<br><b>12590 N.E. 16 AVENUE<br/>NORTH MIAMI FL 33161</b>   |   |  |   | Mailing Address<br><b>12590 N.E. 16 AVENUE<br/>NORTH MIAMI FL 33161</b>   |  |
| 2. Principal Place of Business  |   | 3. Mailing Address   |   |   |  |
| Suite, Apt. #, etc.   |   | Suite, Apt. #, etc.  |   |   |  |
| City & State  |   | City & State   |   | 4. FEI Number <b>59-1288731</b>   |  |
| Zip   |   | Country  |   | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>   |  |
| 6. Name and Address of Current Registered Agent   |   |  |   | 7. Name and Address of New Registered Agent   |  |
| <b>MCDANIEL, DEBBIE<br/>12590 N.E. 16TH AVE<br/>#308<br/>NO. MIAMI FL 33161</b>   |   |  |   | Name <b>MYRA SHAPIRO</b><br>Street Address (P.O. Box Number is Not Acceptable) <b>12590 NE 16 AVE #307</b><br>City <b>NORTH MIAMI</b> FL <b>33161</b> |  |
| 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 <i>Myra Shapiro</i><br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>  |   |  |   | DATE <b>3/24/03</b>   |  |
| <b>FILE NOW: FEE IS \$61.25</b>   |   | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> |   | <b>\$5.00 May Be Added to Fees</b>  |  |
| <b>Make Check Payable to Florida Department of State</b>  |   |  |   |   |  |
| 10. OFFICERS AND DIRECTORS  |   |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>Y</b><br><b>MCDANIEL, DEBBIE</b><br><b>12590 NE 16 AVE #308</b><br><b>NORTH MIAMI FL 33161</b>   | <input checked="" type="checkbox"/> Delete                                       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP          | <b>B</b><br><b>VIERA, ANGEL</b><br><b>12590 NE 16 AVE #610</b><br><b>NORTH MIAMI, FL 33161</b>  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>V</b><br><b>PORTALES, SAMANTHA</b><br><b>12590 NE 16 AVE #508</b><br><b>NORTH MIAMI FL 33161</b> | <input checked="" type="checkbox"/> Delete                                       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP          |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>D</b><br><b>TOM, HENRY</b><br><b>12590 NE 16 AVE #305</b><br><b>N MIAMI FL 33161</b>             | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP          |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>D</b><br><b>SHAPIRO, MYRA</b><br><b>12590 NE 16 AVE #307</b><br><b>N MIAMI FL 33161</b>          | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP          |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |   | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP          |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |   | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP          |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 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: <i>SIG. REQUIRED</i><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>  |   |  | Date <b>3/24/03</b> Daytime Phone # <b>305 895 8713</b> |   |  |

CR2037 (10/02)