

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000004255

Entity Name: BUSINESS IMPROVEMENT DISTRICT OF CORAL GABLES, INC.**Current Principal Place of Business:**220 MIRACLE MILE, STE. 234
CORAL GABLES, FL 33134**Current Mailing Address:**220 MIRACLE MILE, STE. 234
CORAL GABLES, FL 33134**FEI Number:** 65-0782529**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**GALLET, MARI
220 MIRACLE MILE, STE. 234
CORAL GABLES, FL 33134 US*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**Officer/Director Detail :**

Title	P
Name	HERSH, BURTON
Address	130 MIRACLE MILE, SUITE 200
City-State-Zip:	CORAL GABLES FL 33134

Title	T
Name	FONTE, GUS
Address	311 MIRACLE MILE
City-State-Zip:	CORAL GABLES FL 33134

Title	D
Name	GALLET, MARI
Address	220 MIRACLE MILE, STE. 234
City-State-Zip:	CORAL GABLES FL 33134

Title	V
Name	MCILROY , MINDY
Address	801 ARTHUR GODFREY ROAD, SUITE 600
City-State-Zip:	MIAMI BEACH FL 33140

Title	D
Name	ULLOA, HELENA
Address	210 MIRACLE MILE
City-State-Zip:	CORAL GABLES FL 33134

I hereby 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 all other like empowered.

SIGNATURE: MARI GALLET**EXECUTIVE DIRECTOR****04/01/2013**_____
Electronic Signature of Signing Officer/Director Detail_____
Date