

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N97000004255

**Entity Name:** BUSINESS IMPROVEMENT DISTRICT OF CORAL GABLES, INC.**FILED**  
**Jan 15, 2020**  
**Secretary of State**  
**0819643371CC****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:**AMADOR, TACIANA  
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:** TACIANA AMADOR

01/15/2020

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	PRESIDENT
Name	TORRE, VENNY
Address	208 ANDALUSIA AVE
City-State-Zip:	CORAL GABLES FL 33134

Title	VP
Name	HORNIK, JILLIAN
Address	237 MIRACLE MILE
City-State-Zip:	CORAL GABLES FL 33134

Title	DIRECTOR
Name	AMADOR, TACIANA
Address	220 MIRACLE MILE, STE. 234
City-State-Zip:	CORAL GABLES FL 33134

Title	TREASURER
Name	SHARP, NICK
Address	141 GIRALDA AVE
City-State-Zip:	CORAL GABLES FL 33134

Title	DIRECTOR
Name	ALBERTY, RICK
Address	130 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:** TACIANA AMADOR**EXECUTIVE DIRECTOR**

01/15/2020

Electronic Signature of Signing Officer/Director Detail

Date