

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 08, 2003 8:00 am
Secretary of State

04-14-2003 90919 031 ***150.00

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1. Entity Name
COCONUT GROVE MARINE PROPERTIES, INC.

Principal Place of Business
5995 S.W. 102 STREET
MIAMI FL 33156

Mailing Address
5995 S.W. 102 STREET
MIAMI FL 33156

55038788



2. Principal Place of Business

Suite, Apt. #, etc.

City & State

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip Country

Zip Country

4. FEI Number **APPLIED FOR**

Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KELLEY, BILL P
5995 S.W. 102 STREET
MIAMI FL 33156

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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: *[Signature]* (Manner/ V/A / -) ¹³⁰² **4/8/03**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KELLEY, BILL P 5995 S.W. 102 STREET MIAMI FL 33156	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS 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 607, 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: *[Signature]* **REQUIRED** **4/8/03** **305-661-4771**
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CP2E034 (10/02)

Form SS-4

Application for Employer Identification Number

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.)

EIN 13-4249680 *

(Rev. December 2001) Department of the Treasury Internal Revenue Service

See separate instructions for each line. Keep a copy for your records.

OMB No. 1545-0003

1 Legal name of entity (or individual) for whom the EIN is being requested
Coconut Grove Marine Properties, Inc.

2 Trade name of business (if different from name on line 1)

3 Executor, trustee, "care of" name

4a Mailing address (room, apt., suite no. and street, or P.O. box)
5995 S.W. 102 St.

4b City, state, and ZIP code
Miami, Florida 33156

5a Street address (if different) (Do not enter a P.O. box.)

5b City, state, and ZIP code

6 County and state where principal business is located
Dade County / Florida

7a Name of principal officer, general partner, grantor, owner, or trustor
Bill P. Kelley

7b SSN, ITIN, or EIN
329-34-8398

8a Type of entity (check only one box)

Sole proprietor (SSN)

Partnership

Corporation (enter form number to be filed) *?*

Personal service corp.

Church or church-controlled organization

Other nonprofit organization (specify)

Other (specify)

Estate (SSN of decedent)

Plan administrator (SSN)

Trust (SSN of grantor)

National Guard

Farmers' cooperative

REMIC

State/local government

Federal government/military

Indian tribal governments/enterprises

Group Exemption Number (GEN)

8b If a corporation, name the state or foreign country (if applicable) where incorporated

State

Foreign country

9 Reason for applying (check only one box)

Started new business (specify type)

Banking purpose (specify purpose) *open checking/saving acct.*

Changed type of organization (specify new type)

Purchased going business

Created a trust (specify type)

Created a pension plan (specify type)

Hired employees (Check the box and see line 12.)

Compliance with IRS withholding regulations

Other (specify)

10 Date business started or acquired (month, day, year)
February 28, 1963 or 1964

11 Closing month of accounting year
December 31

12 First date wages or annuities were paid or will be paid (month, day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year)

13 Highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter "-0-"

Agricultural *0* Household *0* Other *0*

14 Check one box that best describes the principal activity of your business.

Real estate

Construction

Rental & leasing

Manufacturing

Transportation & warehousing

Finance & insurance

Health care & social assistance

Accommodation & food service

Other (specify)

Wholesale-agent/broker

Wholesale-other

Retail

15 Indicate principal line of merchandise sold; specific construction work done; products produced; or services provided.
Real Estate Services

16a Has the applicant ever applied for an employer identification number for this or any other business? Yes No

Note: If "Yes," please complete lines 16b and 16c.

16b If you checked "Yes" on line 16a, give applicant's legal name and trade name shown on prior application if different from line 1 or 2 above.

Legal name *SAME AS ABOVE* Trade name

16c Approximate date when, and city and state where, the application was filed. Enter previous employer identification number if known.

Approximate date when filed (mo., day, year) *Feb. 1963/1964* City and state where filed *Miami, Florida* Previous EIN *59-1228046*

Third Party Designee

Complete this section only if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form.

Designee's name

Designee's telephone number (include area code)

Address and ZIP code

Designee's fax number (include area code)

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

Name and title (type or print clearly)

Signature *Bill P. Kelley* Date *5/1/03*

Applicant's telephone number (include area code) *(305) 661-4771*

Applicant's fax number (include area code) *(305) 661-4771*