

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

**FILED**  
**Jan 16, 2003 8:00 am**  
**Secretary of State**

01-16-2003 90132 046 \*\*\*\*61.25

**DOCUMENT # 709798**

1. Entity Name

**CORAL GABLES EMPLOYEES' ASSOCIATION, INC.**



Principal Place of Business

**10680 NW 25 ST, STE 202  
MIAMI FL 33122**

Mailing Address

**PO BOX 140981  
CORAL GABLES FL 33134  
US**

2. Principal Place of Business

**2600 Douglas Road**

3. Mailing Address

Suite, Apt. #, etc.

Suite 1100

City & State

**Coral Gables, FL**

City & State

Zip

**33134**

Country

**USA**

Zip

Country

4. FEI Number **59-1676537**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**CLYNE, REGINALD ESQ  
CLYNE & ASSOCIATES  
2600 DOUGLAS RD STE 1100  
MIAMI FL 33134 Coral Gables, FL 33134**

7. Name and Address of New Registered Agent

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete  
NAME **SMITH, MARVIN**  
STREET ADDRESS **14532 SW 107 PL**  
CITY-ST-ZIP **MIAMI, FL 00000**

TITLE **SVP** ☒ Delete  
NAME **ROSSO, GEORGE**  
STREET ADDRESS **9963 SW 157 ST**  
CITY-ST-ZIP **NORTH MIAMI FL 33157**

TITLE **V** ☐ Delete  
NAME **SPIVEY, JEANIE A.**  
STREET ADDRESS **20715 GULFSTREAM DR**  
CITY-ST-ZIP **MIAMI FL**

TITLE **T** ☐ Delete  
NAME **MILLINGS, SHANTELL**  
STREET ADDRESS **10301 SW 146TH TERRACE**  
CITY-ST-ZIP **MIAMI FL 33176**

TITLE **SD** ☐ Delete  
NAME **WALLACE, SYLVIA**  
STREET ADDRESS **11250 SW 138 TERR**  
CITY-ST-ZIP **MIAMI FL**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME **Second Vice President**  
STREET ADDRESS **Ron Crumbley**  
CITY-ST-ZIP **2454 NW 177 Terrace**  
**Miami, FL 33056**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

**SYLVIA WALLACE**

1/9/03

305-460-5040

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)