

**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

00190339

DOCUMENT # 709798

1. Entity Name

CORAL GABLES EMPLOYEES' ASSOCIATION, INC.



Principal Place of Business

~~10680 NW 25 ST, STE 202~~
~~MIAMI FL 33172~~
~~XXXXXXXXXX~~

Mailing Address

PO BOX 140961
CORAL GABLES FL 33134
US

2. Principal Place of Business

3. Mailing Address

2600 Douglas Road

Suite, Apt. #, etc.

Suite 1100

Suite, Apt. #, etc.

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



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	PD SMITH, MARVIN	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	14532 SW 107 PL MIAMI, FL 00000	
TITLE NAME	SVP ROSSO, GEORGE	<input checked="" type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	9963 SW 157 ST NORTH MIAMI FL 33157	
TITLE NAME	V SPIVEY, JEANIE A.	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	20715 GULFSTREAM DR MIAMI FL	
TITLE NAME	T MILLINGS, SHANTELL	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	10301 SW 146TH TERRACE MIAMI FL 33176	
TITLE NAME	SD WALLACE, SYLVIA	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	11250 SW 138 TERR MIAMI FL	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP		

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME	Second Vice President Ron Crumbley	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	2454 NW 177 Terrace Miami, FL 33056	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/9/03

305-460-5040

CR2E037 (10/02)