

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 07, 2000 8:00 am
Secretary of State

03-07-2000 90005 034 ****61.25

C0023517



DO NOT WRITE IN THIS SPACE

DOCUMENT # 721866

1. Entity Name

CORAL HAVEN ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**10016 S.W. 23 STREET
 MIAMI FL 33165
 US**

**PO BOX 650701
 MIAMI FL 33265-0701
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2498488

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CANIZARES, CARLOS
 10017 SW 22 TERRACE
 MIAMI FL 33165**

Name **ERVESUN, CELIA M.**

Street Address (P.O. Box Number is Not Acceptable)

10016 S.W. 23 Street

MIAMI

33165

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.

SIGNATURE

Celia M. Ervesun

2/9/2000

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
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|----------------------------|--|
| TITLE | P | <input type="checkbox"/> Delete |
| NAME | ERVESUN, CELIA M | |
| STREET ADDRESS | 10016 SW 23 STEET | |
| CITY-ST-ZIP | MIAMI FL 33165 | |
| TITLE | VP | <input type="checkbox"/> Delete |
| NAME | GARCIA, GREGORIO | |
| STREET ADDRESS | 10015 SW 20 TERRACE | |
| CITY-ST-ZIP | MIAMI FL 33165 | |
| TITLE | S | <input checked="" type="checkbox"/> Delete |
| NAME | SCOTT, MAYRA | |
| STREET ADDRESS | 10115 SW 20 TERRACE | |
| CITY-ST-ZIP | MIAMI FL 33165 | |
| TITLE | T | <input type="checkbox"/> Delete |
| NAME | SUAREZ, MARIA E | |
| STREET ADDRESS | 10222 SW 20 ST | |
| CITY-ST-ZIP | MIAMI FL 33165 | |
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | SANTIAGO, THELMA | |
| STREET ADDRESS | 10206 SW 20 STREET | |
| CITY-ST-ZIP | MIAMI FL 33165 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | REBOIRO, SANTIAGO | |
| STREET ADDRESS | 10106 SW 22 TERRACE | |
| CITY-ST-ZIP | MIAMI FL 33165 | |

| | | |
|----------------|------------------------------|--|
| TITLE | P | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | (correction of name) | |
| STREET ADDRESS | ERVESUN, CELIA M. | |
| CITY-ST-ZIP | | |
| TITLE | VP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | (correct bn of name) | |
| STREET ADDRESS | GARCIA, GREGORIO | |
| CITY-ST-ZIP | | |
| TITLE | S | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ZALDIVAR, Sylvia | |
| STREET ADDRESS | 10216 S.W. 21 Terrace | |
| CITY-ST-ZIP | MIAMI, FL 33165 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | SANCHEZ, Rosa M. | |
| STREET ADDRESS | 10206 S.W. 20 Street | |
| CITY-ST-ZIP | MIAMI, FL 33165 | |
| TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | FONTANA, Sandra | |
| STREET ADDRESS | 10211 S.W. 21 Terrace | |
| CITY-ST-ZIP | MIAMI, FL 33165 | |

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:

Maria E. Suarez

MARIA E SUAREZ, TREASURER **2/9/2000**

(305) 552-7353

CR2E037 (9/99)