

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

**FILED**  
**Jan 17, 2003 8:00 am**  
**Secretary of State**

01-17-2003 90066 040 \*\*\*\*61.25

**DOCUMENT # 721866**

1. Entity Name

**CORAL HAVEN ASSOCIATION, INC.**



Principal Place of Business

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

Mailing Address

**PO BOX 650701  
MIAMI FL 33265  
US**

**90004011**



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2498488**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

~~FLORES, ALEXIS S  
10115 SW 22 TERRACE  
MIAMI FL 33165~~

**Santiago Reboiro  
10106 SW 22 TERR.  
Miami, FL, 33165**

Name **SANTIAGO REBOIRO**

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

**10106 SW 22 Terrace**

City **Miami, FL 33165**

**FL 33165**

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 *Santiago Reboiro* President *Santiago Reboiro* January 13, 2003

**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**

*CK#1377 1-13-03*

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|  |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>P<br/>REBOIRO, SANTIAGO<br/>10206 SW 22 TERRACE<br/>MIAMI FL 33165</b> <input type="checkbox"/> Delete             |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>VP<br/>FLORES, ALEXIS S<br/>10115 SW 22 TERRACE<br/>MIAMI FL 33165</b> <input checked="" type="checkbox"/> Delete  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>S<br/>SANCHEZ, ROSA MARIA<br/>10206 SW 20 STREET<br/>MIAMI FL 33165</b> <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>T<br/>SUAREZ, MARIA E<br/>10222 SW 20 ST<br/>MIAMI FL 33165</b> <input type="checkbox"/> Delete                    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D<br/>RAMOS, GRACIELA<br/>10222 SW 20 STREET<br/>MIAMI FL 33165</b> <input type="checkbox"/> Delete                |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D<br/>COLMENERO, ELENA<br/>10218 SW 20 ST.<br/>MIAMI FL 33165</b> <input checked="" type="checkbox"/> Delete       |

|  |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>VP<br/>ENRIQUES, Francisco<br/>10010 SW 20 ST.<br/>MIAMI, FL 33165</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>S<br/>LEONOR TORRES<br/>10210 SW 20 St.</b> <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition                  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D<br/>ROSA MARIA SANCHEZ<br/>10206 SW 20 Street<br/>Miami, FL 33165</b> <input checked="" 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 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: *Santiago Reboiro*

1-13-03 (305)225-8984

CR2E037 (10/02)