

# 2000 UNIFORM BUSINESS REPORT (UBR)

2/24/00-90049-035-\$61.25-\$61.25

APPROVED  
AND  
FILED

DOCUMENT # 752824

1. Entity Name

CORAL REEF MEDICAL PARK II CONDOMINIUM ASSOCIATI

Principal Place of Business

9275 SW 152 ST  
MIA. FL 33157

Mailing Address

13617 S DIXIE HWY  
#122  
MIAMI FL 33176-7259  
US

00 MAR 15 PM 1:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

88821466



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

13617 S. Dixie Hwy

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami FL

City & State

4. FEI Number

59-2136629

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DANN, ROBERT C  
13617 S DIXIE HWY #122  
MIAMI FL 33176

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.

SIGNATURE

*Robert C. Dann*

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

(NOTE: Registered Agent signature required when reinstating)

1/10/00

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

|                |                         |                                 |
|----------------|-------------------------|---------------------------------|
| TITLE          | SD                      | <input type="checkbox"/> Delete |
| NAME           | BROWNE, PETER           |                                 |
| STREET ADDRESS | 9275 SW 152 ST. #206    |                                 |
| CITY-ST-ZIP    | MIAMI FL                |                                 |
| TITLE          | PD                      | <input type="checkbox"/> Delete |
| NAME           | DANN, ROBERT            |                                 |
| STREET ADDRESS | 9275 SW 152 ST. #201    |                                 |
| CITY-ST-ZIP    | MIAMI FL                |                                 |
| TITLE          | TD                      | <input type="checkbox"/> Delete |
| NAME           | CURL, DONALD            |                                 |
| STREET ADDRESS | 9275 SW 152 ST. #108    |                                 |
| CITY-ST-ZIP    | MIAMI FL                |                                 |
| TITLE          | D                       | <input type="checkbox"/> Delete |
| NAME           | OTKOWSKY, WILLIAM       |                                 |
| STREET ADDRESS | 9275 SW 152 STREET #212 |                                 |
| CITY-ST-ZIP    | MIAMI FL                |                                 |
| TITLE          |                         | <input type="checkbox"/> Delete |
| NAME           |                         |                                 |
| STREET ADDRESS |                         |                                 |
| CITY-ST-ZIP    |                         |                                 |
| TITLE          |                         | <input type="checkbox"/> Delete |
| NAME           |                         |                                 |
| STREET ADDRESS |                         |                                 |
| CITY-ST-ZIP    |                         |                                 |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                |  |   |
|----------------|--|---|
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> 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: SIGNATURE REQUIRED

*Robert C. Dann* 1/10/00

Date

Daytime Phone #

CR2007 19/981