

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

FILED
Jan 27, 2003 8:00 am
Secretary of State

01-27-2003 90379 017 ****71.00

DOCUMENT # 752824



1. Entity Name
**CORAL REEF MEDICAL PARK II CONDOMINIUM ASSOCIATI
ON, INC.**

Principal Place of Business Mailing Address
9275 SW 152 STREET 9275 SW 152 STREET
MIAMI FL 33157 #208
US MIAMI FL 33157
US 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 **59-2136629** 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
SANCETTA, RONALD DR.
9275 SW 152 STREET
208
MIAMI FL 33157

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 _____ (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	SD	<input type="checkbox"/> Delete
NAME	DITKOWSKY, WILLIMA DR	
STREET ADDRESS	9275 SW 152 ST., # 212	
CITY-ST-ZIP	MIAMI FL 33156	
TITLE	PD	<input type="checkbox"/> Delete
NAME	SANCETTA, RONALD DR	
STREET ADDRESS	9275 SW 152 ST., # 208	
CITY-ST-ZIP	MIAMI FL 33156	
TITLE	TD	<input type="checkbox"/> Delete
NAME	PINIELLA, CARLOS DR	
STREET ADDRESS	9275 SW 152 ST., # 210	
CITY-ST-ZIP	MIAMI FL 33156	
TITLE	D	<input type="checkbox"/> Delete
NAME	FEANNY, ELIAS DR	
STREET ADDRESS	9275 SW 152 ST., # 101	
CITY-ST-ZIP	MIAMI FL 33156	
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	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Carlos Piniella	
STREET ADDRESS	9275 SW 152 ST # 210	
CITY-ST-ZIP	MIAMI FL 33157	
TITLE	V.P.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Myndell Zimmerman BAUM	
STREET ADDRESS	8940 No Kendall Ave # 801E	
CITY-ST-ZIP	MIAMI FL 33126	
TITLE	Sec. Frank Aeosta	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Frank Aeosta	
STREET ADDRESS	9275 SW 152 St. # 206	
CITY-ST-ZIP	MIAMI FL 33157	
TITLE	TRG.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	William DITKOWSKY	
STREET ADDRESS	9275 SW 152 ST. # 212	
CITY-ST-ZIP	MIAMI FL 33157	
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* **Da Piniella** 1/24/03 305 253-2940 **att 133**

CR2E037 (10/02)