

# 2001 UNIFORM BUSINESS REPORT (UBR)

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**DOCUMENT # A96000001572**

1. Entity Name

**CORAL WEST PLAZA II, LTD.**

FILED

01 MAY -1 PM 2:21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business <b>C/O CORAL WEST PLAZA II, INC. 2460 S.W. 137TH AVENUE, SUITE 238 MIAMI FL 33175</b>	Mailing Address <b>C/O CORAL WEST PLAZA II, INC. 2460 S.W. 137TH AVENUE, SUITE 238 MIAMI FL 33175</b>
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

4. FEI Number <b>65-0688415</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

**ALAYON, RICHARD ALAN ESQ  
2450 S.W. 137TH AVENUE, SUITE 229  
MIAMI FL 33175**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

9. Capital Contributions as Shown on record. <b>\$9,000.00</b>	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION

DOCUMENT #	<b>P96000070218</b>
NAME	<b>CORAL WEST PLAZA II, INC.</b>
STREET ADDRESS	<b>2460 S.W. 137TH AVENUE, STE. 238,</b>
CITY-ST-ZIP	<b>MIAMI FL 33175</b>

13. ADDRESS CHANGES ONLY

STREET ADDRESS	<b>800004135128--1</b>
CITY-ST-ZIP	<b>-05/03/01--01137--000</b>
STREET ADDRESS	<b>****141.25 ****141.25</b>
CITY-ST-ZIP	<b>800004135128--1</b>
STREET ADDRESS	<b>-05/03/01--01137--012</b>
CITY-ST-ZIP	<b>*****30.00 *****11.25</b>

*#151.25*

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: **4.27.01** 305/221 1515  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR003 (11/00)