

**2002 UNIFORM BUSINESS REPORT (UBR)**

0010662 AT

**DOCUMENT # A96000001572**  
 1. Entity Name  
**CORAL WEST PLAZA II, LTD.**

FILED  
 02 APR 29 PM 3: 58  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA



Principal Place of Business Mailing Address  
 C/O CORAL WEST PLAZA II, INC. C/O CORAL WEST PLAZA II, INC.  
 2460 S.W. 137TH AVENUE, SUITE 238 2460 S.W. 137TH AVENUE, SUITE 238  
 MIAMI FL 33175 MIAMI FL 33175

2. Principal Place of Business Suite, Apt. #, etc.  
 3. Mailing Address Suite, Apt. #, etc.  
 City & State City & State  
 Zip Country Zip Country

**DUE BY MAY 1, 2002**  
 4. FEI Number **65-0688415** Applied For Not Applicable  
 5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**ALAYON, RICHARD ALAN ESQ**  
**2450 S.W. 137TH AVENUE, SUITE 221**  
**MIAMI FL 33175**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
**Suite 201**  
 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 DATE **4/28/02**  
 Signature, typed or printed name of registered agent and title, if applicable.

9. Capital Contributions as Shown on record. **\$9,000.00**  
 10. Amount of Capital Contributions in FLORIDA to date.  
 11. **MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION**

**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>                   |
| DOCUMENT #                      |   |
| NAME                            |   |
| STREET ADDRESS                  |   |
| CITY-ST-ZIP                     |   |
| DOCUMENT #                      |   |
| NAME                            |   |
| STREET ADDRESS                  |   |
| CITY-ST-ZIP                     |   |
| DOCUMENT #                      |   |
| NAME                            |   |
| STREET ADDRESS                  |   |
| CITY-ST-ZIP                     |   |
| DOCUMENT #                      |   |
| NAME                            |   |
| STREET ADDRESS                  |   |
| CITY-ST-ZIP                     |   |

| 13. ADDRESS CHANGES ONLY |                              |
|--------------------------|------------------------------|
| STREET ADDRESS           |                              |
| CITY-ST-ZIP              |                              |
| STREET ADDRESS           | <b>000005450170--5</b>       |
| CITY-ST-ZIP              | <b>-05/03/02--01060--010</b> |
|                          | <b>****151.75 ****151.75</b> |
| STREET ADDRESS           |                              |
| CITY-ST-ZIP              |                              |
| STREET ADDRESS           |                              |
| CITY-ST-ZIP              |                              |
| STREET ADDRESS           |                              |
| CITY-ST-ZIP              |                              |
| STREET ADDRESS           |                              |
| CITY-ST-ZIP              |                              |

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:**   
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**4/28/02 (305) 201-2110**  
 Date Dawing Phone #

CR2E003 (9/01)