

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0010671 AT

DOCUMENT # **A96000001572**



1. Entity Name
CORAL WEST PLAZA II, LTD.

FILED

03 APR 18 AM 11:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

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



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY MAY 1, 2003

City & State

City & State

4. FEI Number **65-0688415**

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

**ALAYON, RICHARD ALAN ESO
2450 S.W. 137TH AVENUE, SUITE 221
MIAMI FL 33175**

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 _____ DATE _____
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 FL. 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

13. ADDRESS CHANGES ONLY

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

STREET ADDRESS
500016950505
CITY-ST-ZIP **04/24/03--01030--002 **151.75**

DOCUMENT #
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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:

[Handwritten Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/2/03 (305) 221-1515
Date Daytime Phone #

CR2E003 (10/02)