

2000 UNIFORM BUSINESS REPORT (UBR)

0005769 AF

DOCUMENT # A97000000417

1. Entity Name
CORAL WEST PLAZA I, LTD.

FILED
00 MAY 19 PM 1:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Mailing Address
C/O CORAL WEST PLAZA I, INC.
2450 SW 137 AVE #226
MIAMI FL 33175-6332



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0735822**

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

A & P REGISTERED AGENT, INC.
2450 S.W. 137TH AVENUE
#226
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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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

13. ADDRESS CHANGES ONLY

DOCUMENT # **P97000013933**
NAME **CORAL WEST PLAZA I, INC.**
STREET ADDRESS **2460 S.W. 137TH AVENUE, SUITE 238**
CITY - ST - ZIP **MIAMI FL 33175**

STREET ADDRESS **300003266693-2**
CITY - ST - ZIP **05/25/00 01063 005**
******141.25 ****141.25**

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

STREET ADDRESS **300003266693-2**
CITY - ST - ZIP **05/25/00 01063 006**
*******10.50 *****10.50**

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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

4-28-98

(305) 221-1515

Date Daytime Phone #

CR 2E003 (9/99)