

# 2000 UNIFORM BUSINESS REPORT (UBR)

005768 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

Signature, typed or printed name of registered agent and title if applicable.

(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

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DOCUMENT #  
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STREET ADDRESS  
CITY - ST - ZIP

STREET ADDRESS

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CITY - ST - ZIP

05/25/00-01063-006

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

4-28-98

(305) 221-1515

Date

Daytime Phone #

CR 2E003 (9/99)