

2002 UNIFORM BUSINESS REPORT (UBR)

0010662 AT

DOCUMENT # A97000000417

1. Entity Name
CORAL WEST PLAZA I, LTD.

FILED
02 APR 29 PM 3: 58

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~~ *2460 SW 137 AVE*
MIAMI FL 33175 *Suite 238*
MIAMI FL 33175

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

DUE BY MAY 1, 2002

4. FEI Number **65-0735822**
Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
A & P REGISTERED AGENT, INC.
2450 S.W. 137TH AVENUE
~~#226~~ *221*
MIAMI FL 33175

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
Suite 221
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]* DATE *4/25/02*

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	STREET ADDRESS	
NAME	CORAL WEST PLAZA I, INC.	CITY-ST-ZIP	
STREET ADDRESS	2460 S.W. 137TH AVENUE, SUITE 238	STREET ADDRESS	300005450173--6
CITY-ST-ZIP	MIAMI FL 33175	CITY-ST-ZIP	05/03/02-01060-011 ****151.75 ****151.75
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS		STREET ADDRESS	
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DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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]* DATE *4/25/02* *(305) 221-2211*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

CR2E003 (9/01)