

# 2002 UNIFORM BUSINESS REPORT (UBR)

0010063 AT

DOCUMENT # **A99000001034**

1. Entity Name

**2103 CORAL WAY ASSOCIATES, LTD.**

FILED

02 MAY -1 AM 11:34

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business

**2103 CORAL WAY, SUITE 201  
MIAMI FL 33145**

Mailing Address

**2103 CORAL WAY, SUITE 201  
MIAMI FL 33145**

2. Principal Place of Business

**2222 Ponce de Leon Blvd**

Suite, Apt. #, etc.  
**Suite 302**

City & State  
**Coral Gables, FL**

Zip  
**33134**

Country  
**Dade**

3. Mailing Address

**2222 Ponce de Leon Blvd**

Suite, Apt. #, etc.  
**Suite 302**

City & State  
**Coral Gables, FL**

Zip  
**33134**

Country  
**Dade**

DUE BY MAY 1, 2002

4. FEI Number

**65-0929074**

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**CARMEN A. ACCORDINO  
2103 CORAL WAY, SUITE 201  
MIAMI FL 33145**

7. Name and Address of New Registered Agent

Name  
**Rene Dago, Jr.**

Street Address (P.O. Box Number is Not Acceptable)  
**2222 Ponce de Leon Vlyd**

City  
**Coral Gables**

FL

Zip Code  
**33134**

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.

**4/30/02**  
DATE

9. Capital Contributions  
as Shown on record.

**\$245,000.00**

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 #  
NAME **DIVERSIFIED INVESTMENT ASSOCIATES, L.L.C.**  
STREET ADDRESS **2103 CORAL WAY, SUITE 201**  
CITY-ST-ZIP **MIAMI FL 33145**

DOCUMENT #  
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STREET ADDRESS  
CITY-ST-ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS **2222 Ponce de Leon Blvd, Ste 302**  
CITY-ST-ZIP **Coral Gables, FL 33134**

STREET ADDRESS **100005556421--4**  
CITY-ST-ZIP **-05/17/02--01023--020**  
**\*\*\*\*535.00 \*\*\*\*535.00**

STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS  
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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

**4/30/02** **305-447-8900**  
Date Daytime Phone #

CR2E003 (9/01)