

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2000 8:00 am
Secretary of State

05-17-2000 90978 025 ***150.00

DOCUMENT # J51231

1. Entity Name
CORAL WAY SHOPPING PLAZA, INC.

Principal Place of Business 2601 S. BAYSHORE DR. STE 1250 MIAMI FL 33133	Mailing Address 2601 S. BAYSHORE DR. STE 1250 MIAMI FL 33134-3073
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2. Principal Place of Business 901 Ponce de Leon Blvd.	3. Mailing Address 901 Ponce de Leon Blvd.
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Suite, Apt. #, etc. Suite 601	Suite, Apt. #, etc. Suite 601
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City & State Coral Gables FL	City & State Coral Gables FL
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Zip 33134	Country USA	Zip 33134	Country USA
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4. FEI Number 59-2754462	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FREEMAN, ROBERT A. P.A.
2601 S BAYSHORE DR
MIAMI FL 33133

Name Michel O. Weisz, Esquire
Street Address (P.O. Box Number is Not Acceptable) 901 Ponce de Leon Blvd., Suite 601
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: *Michel Weisz* MICHEL WEISZ DATE: 4/27/00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GOULD, ESTELLE 2601 S BAYSHORE DR, 1250 MIAMI FL 33133 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDST CATHIE ELLEN MCCALLUM 10 Edgewater Dr. #14F Coral Gables FL 33133 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VAS FREEMAN, ROBERT A. 2601 S BAYSHORE DR 1250 MIAMI FL 33133 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS MCCALLUM, CATHIE E 10 EDGEWATER DR 14F CORAL GABLES FL 33133 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other use empowered.

SIGNATURE: *Cathie Ellen McCallum* Cathie Ellen McCallum 4/12/00 (305)442-1055
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)