

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J51231

1. Entity Name

CORAL WAY SHOPPING PLAZA, INC.

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

05-17-2000 90978 025 ***150.00

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

2. Principal Place of Business

901 Ponce de Leon Blvd.

3. Mailing Address

901 Ponce de Leon Blvd.

Suite, Apt. #, etc.

Suite 601

Suite, Apt. #, etc.

Suite 601

City & State

Coral Gables FL

City & State

Coral Gables FL

4. FEI Number

59-2754462

Applied For

Not Applicable

Zip

33134

Country

USA

Zip

33134

Country

USA

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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

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 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PDST
CATHIE ELLEN MCCALLUM
10 Edgewater Dr. #14F
Coral Gables FL 33133 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VAS
FREEMAN, ROBERT A.
2601 S BAYSHORE DR 1250
MIAMI FL 33133 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VS
MCCALLUM, CATHIE E
10 EDGEWATER DR 14F
CORAL GABLES FL 33133 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Change ☐ Addition

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NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ 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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Cathie Ellen McCallum 4/12/00 (305)442-1055

Date

Daytime Phone #

CR2E034 (9/99)