

**2003 FOR PROFIT CORPORATION  
 UNIFORM BUSINESS REPORT (UBR)**

<b>DOCUMENT # J51231</b> 1. Entity Name <b>CORAL WAY SHOPPING PLAZA, INC.</b>		
Principal Place of Business 901 PONCE DE LEON BLVD STE 601 CORAL GABLES, FL 33134		Mailing Address 901 PONCE DE LEON BLVD STE 601 CORAL GABLES, FL 33134
2. Principal Place of Business <b>9350 S. Dixie Hwy</b> Suite, Apt. #, etc. 1500 City & State <b>Miami FL</b>		3. Mailing Address <b>9350 S. Dixie Hwy</b> Suite, Apt. #, etc. 1500 City & State <b>Miami FL</b>
Zip <b>33156</b>	Country <b>Dade</b>	4. FEI Number <b>59-2754462</b>
Zip <b>33156</b>	Country <b>Dade</b>	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
6. Name and Address of Current Registered Agent WEISZ, MICHEL O ESQ. 901 PONCE DE LEON BLVD. STE 601 CORAL GABLES, FL 33134 		7. Name and Address of New Registered Agent Name <b>Weisz, Michel O. Esq</b> Street Address (P.O. Box Number is Not Acceptable) <b>9350 S. Dixie Hwy #1500</b> City <b>Miami FL 33156</b>
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. I am familiar with, and accept the obligations of registered agent. SIGNATURE _____ DATE _____ <small>Signature typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when returning)</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Checks Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE VS <input type="checkbox"/> Delete	NAME MCCALLUM, CATHIE E	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 10 EDGEWATER DR 14F	CITY-ST-ZIP CORAL GABLES, FL 33133	STREET ADDRESS CITY-ST-ZIP
TITLE PDST <input type="checkbox"/> Delete	NAME MCCALLUM, CATHIE E	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 10 EDGEWATER DR., #14 F	CITY-ST-ZIP CORAL GABLES, FL 33133	STREET ADDRESS CITY-ST-ZIP
TITLE <input type="checkbox"/> Delete	NAME STREET ADDRESS CITY-ST-ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <input type="checkbox"/> Delete	NAME STREET ADDRESS CITY-ST-ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <input type="checkbox"/> Delete	NAME STREET ADDRESS CITY-ST-ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
12. 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 10 or Block 11 if changed, or on an attachment with an address, city, or other like information.		
SIGNATURE:		DATE: <b>April 18, 2003</b> <b>305 668-4579</b>

11017340



CHECK HERE IF MAKING CHANGES

CR2E034 (10/02)