

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **100000008501**

1. Entity Name
CORAL REEF AMERICA, L.L.C.

Principal Place of Business Mailing Address
888 SOUTHEAST THIRD AVENUE, SUITE 400 **888 SOUTHEAST THIRD AVENUE, SUITE 400**
FORT LAUDERDALE FL 33316 **FORT LAUDERDALE FL 33316**

2. Principal Place of Business 3. Mailing Address
9849 SW 111 Terrace **SAME**
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
MIAMI - FL
Zip Country Zip Country
33176 MIAMI, FL

4. FEI Number Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent
BEHAR, LARRY J.P.A. Name **MONIQUE CHORRO**
888 SOUTHEAST THIRD AVENUE, SUITE 400 Street Address (P.O. Box Number is Not Acceptable)
FORT LAUDERDALE FL 33316 **9849 SW 111 Terrace**
City **MIAMI** FL Zip Code **33176**

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 **10/29/01**
(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By September 26, 2001

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	Member <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	Michel BONNAURE		NAME	900004717839-12	
STREET ADDRESS	9849 SW 111th TERRACE		STREET ADDRESS	-12/11/01--01004--025	
CITY-ST-ZIP	MIAMI - FL 33176		CITY-ST-ZIP	****150.00 ****150.00	
TITLE	Member <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	Monique CHORRO		NAME		
STREET ADDRESS	9849 SW 111th TERRACE		STREET ADDRESS		
CITY-ST-ZIP	MIAMI - FL 33176		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

REINSTATEMENT

11. 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *[Signature]* DATE **10/29/01** DAYTIME PHONE # **305.412.5651**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

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