

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 16, 2002 8:00 am**  
**Secretary of State**

05-22-2002 90272 040 \*\*\*\*50.00

**DOCUMENT #** L00000008501

1. Entity Name

CORAL REEF AMERICA, L.L.C.

Principal Place of Business

888 SOUTHEAST THIRD AVENUE, SUITE 400  
 FORT LAUDERDALE FL 33316

Mailing Address

888 SOUTHEAST THIRD AVENUE, SUITE 400  
 FORT LAUDERDALE FL 33316

38919



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

9849 SW 111 Terrace

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI FL

City & State

4. FEI Number

65-1027921

Applied For

Not Applicable

Zip

33176

Country

MIAMI-DADE

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

BEHAR, LARRY J P.A.

888 SOUTHEAST THIRD AVENUE, SUITE 400  
 FORT LAUDERDALE FL 33316

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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]* **Monique CHARRA**

27/4/02

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**

9. MANAGING MEMBERS / MEMBERS

TITLE: Member ☐ Delete  
 NAME: Michel BONNAURE  
 STREET ADDRESS: 9849 SW 111 TERRACE  
 CITY-ST-ZIP: MIAMI FL 33176

TITLE: Member ☐ Delete  
 NAME: Monique CHARRA  
 STREET ADDRESS: 9849 SW 111 TERRACE  
 CITY-ST-ZIP: MIAMI FL 33176

TITLE: ☐ Delete  
 NAME:   
 STREET ADDRESS:   
 CITY-ST-ZIP:

TITLE: ☐ Delete  
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 STREET ADDRESS:   
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 CITY-ST-ZIP:

TITLE: ☐ Delete  
 NAME:   
 STREET ADDRESS:   
 CITY-ST-ZIP:

10. ADDITIONS / CHANGES

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

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

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

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]* **Monique CHARRA**

Date

27/04/2002

Daytime Phone #

CR2083 (11/00)