

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Sep 18, 2002 8:00 am**  
**Secretary of State**

09-18-2002 90054 003 \*\*\*\*50.00

**DOCUMENT # L01000014245**

1. Entity Name  
**CORAL WEST VILLAGE, LLC**

Principal Place of Business  
**250 CATALONIA AVE. SUITE 706**  
**CORAL GABLES FL 33134**

Mailing Address  
**250 CATALONIA AVE. SUITE 706**  
**CORAL GABLES FL 33134**

2. Principal Place of Business  
**250 CATALONIA AVENUE**

3. Mailing Address  
**SAME**

Suite, Apt. #, etc.  
**505**

Suite, Apt. #, etc.

City & State  
**CORAL GABLES FL**

City & State

4. FEI Number  
**65-1118385**

Applied For  
 Not Applicable

Zip  
**33134**

Country  
**DADE**

Zip

Country

5. Certificate of Status Desired  **\$5.00** Additional Fee Required

DO NOT WRITE IN THIS SPACE



**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**DORTA, HUGO E ESQ.**  
**801 BRICKELL AVE. SUITE 905**  
**MIAMI FL 33131**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**  
**Due By September 25, 2002**

**9. MANAGING MEMBERS / MANAGERS**

**10. ADDITIONS / CHANGES**

TITLE  Delete  
**MGRM**  
**RINALDI, HUMBERTO**  
**250 CATALONIA AVE. SUITE 706**  
**CORAL GABLES FL 33134**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
**MGRM**  
**KAHR, FEDERICO**  
**MARTIN ZAPATA 552**  
**MENDOZA ARGENTINA**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
**MGRM**  
**COLMENERO, ROBERTO**  
**808 BRICKELL KEY DIRVE UNIT 2905**  
**MIAMI FL 33131**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
**MGRM**  
**CENTENO, MIGUEL**  
**E1 PARRAL 2264, DPTO 123**  
**MENDOZA ARGENTINA CP (5500)**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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:** ROBERTO COLMENERO 09/12/02 305 648 1272  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (4/02)

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L01000014245**

1. Entity Name  
**CORAL WEST VILLAGE, LLC**

Attachment  
872848

Principal Place of Business: 250 CATALONIA AVE. SUITE 706 CORAL GABLES FL 33134  
Mailing Address: 250 CATALONIA AVE. SUITE 706 CORAL GABLES FL 33134

2. Principal Place of Business: **1110 BRICKELL AVE**  
Suite, Apt. #, etc. **301.**  
3. Mailing Address: **SAME.**  
Suite, Apt. #, etc.

City & State: **MIAMI FL.**  
City & State:  
Zip: **33131** Country: **DAVE.**

4. FEI Number: **6-1118385** Applied For:  Not Applicable  
8. Certificate of Status Desired:  \$5.00 Additional Fee Required



6. Name and Address of Current Registered Agent  
**DORTA, HUGO E ESQ.**  
**801 BRICKELL AVE. SUITE 905**  
**MIAMI FL 33131**

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 agents, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
Signatures, typed or printed names of registered agents and use if applicable. (NOTE: Registered Agent signatures required when registering)



9. MANAGING MEMBERS/MANAGERS	
TITLE: <b>MGRM</b>	<input type="checkbox"/> Delete
NAME: <b>RIVALDI, HUMBERTO</b>	
STREET ADDRESS: <b>250 CATALONIA AVE. SUITE 708</b>	
CITY-ST-ZIP: <b>CORAL GABLES FL 33134</b>	
TITLE: <b>MGRM</b>	<input type="checkbox"/> Delete
NAME: <b>KAHR, FEDERICO</b>	
STREET ADDRESS: <b>MARTIN ZAPATA 552</b>	
CITY-ST-ZIP: <b>MENDOZA ARGENTINA</b>	
TITLE: <b>MGRM</b>	<input type="checkbox"/> Delete
NAME: <b>COLMENERO, ROBERTO</b>	
STREET ADDRESS: <b>808 BRICKELL KEY DRIVE UNIT 2905</b>	
CITY-ST-ZIP: <b>MIAMI FL 33131</b>	
TITLE: <b>MGRM</b>	<input type="checkbox"/> Delete
NAME: <b>CENTENO, MIGUEL</b>	
STREET ADDRESS: <b>E1 PARRAL 2284, OPTO 123</b>	
CITY-ST-ZIP: <b>MENDOZA ARGENTINA CP (5500)</b>	
TITLE:	<input type="checkbox"/> Delete
NAME:	
STREET ADDRESS:	
CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> Delete
NAME:	
STREET ADDRESS:	
CITY-ST-ZIP:	

10. ADDITIONS/CHANGES	
TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:	
STREET ADDRESS:	
CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:	
STREET ADDRESS:	
CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:	
STREET ADDRESS:	
CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> 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)(7), 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 606, Florida Statutes.

SIGNATURE: **Humberto** DATE: **6/14/2002**  
SIGNATURE AND TYPED OR PRINTED NAME OF EXISTING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE