

AMENDED
2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M60378

1. Entity Name (A)
COONA WEST DADE DEVELOPMENT CORP.

FILED
 00 JUN 23 AM 8:35

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
TWO ALHAMBRA PLAZA SAME
PENTHOUSE II
CORAL GABLES, FL. 33134

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country

4. FEI Number **65-0009269** Applied For Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
BEFELER, HENRY
TWO ALHAMBRA PLAZA
PENTHOUSE II
CORAL GABLES, FL. 33134

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
 Signature, typed or printed name of registered agent and title if applicable

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

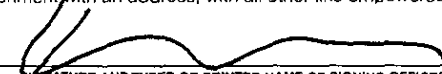
FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS	
TITLE D/P NAME COONA, ARMANDO STREET ADDRESS TWO ALHAMBRA PLAZA, PH II CITY-ST-ZIP CORAL GABLES, FL. 33134	<input type="checkbox"/> Delete
TITLE T/S/D NAME BEFELER, HENRY STREET ADDRESS TWO ALHAMBRA PLAZA, PH II CITY-ST-ZIP CORAL GABLES, FL. 33134	<input type="checkbox"/> Delete
TITLE STREET ADDRESS ST-ZIP	<input type="checkbox"/> Delete
TITLE STREET ADDRESS ST-ZIP	<input type="checkbox"/> Delete
TITLE STREET ADDRESS ST-ZIP	<input type="checkbox"/> Delete
TITLE STREET ADDRESS ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE V NAME O. FORD GIBSON STREET ADDRESS TWO ALHAMBRA PLAZA, PH II CITY-ST-ZIP CORAL GABLES, FL. 33134	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE V/T/S NAME BEFELER, HENRY STREET ADDRESS TWO ALHAMBRA PLAZA, PH II CITY-ST-ZIP CORAL GABLES, FL. 33134	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE V/AS NAME COBB, KOLLEEN STREET ADDRESS TWO ALHAMBRA PLAZA, PH II CITY-ST-ZIP CORAL GABLES, FL. 33134	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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
HENRY BEFELER, VP

Date **6/5/00** Daytime Phone # **(305) 520-2300**

CR2E034 (9/99)