

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 27, 2000 8:00 am
Secretary of State

04-27-2000 90005 022 ****61.25

DOCUMENT # N94000001654

1. Entity Name

CORAL BREEZE HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business

Mailing Address

9360 SUNSET DRIVE
 STE. 291
 MIAMI FL 33173

9360 SUNSET DRIVE
 STE. 291
 MIAMI FL 33173-3291

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

65-0516335

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

7. Name and Address of New Registered Agent

SALLEH, MOHAMAD S
2370 SW 123 AVE
STE. 291
MIAMI FL 33175

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

**FILE NOW:
 FEE IS \$61.25**

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

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	SALLEH, MOHAMAD S	
STREET ADDRESS	2370 SW 123 AVE	
CITY-ST-ZIP	MIAMI FL 33175	
TITLE	SD	<input type="checkbox"/> Delete
NAME	MONTEZ, HILDA	
STREET ADDRESS	2410 SW 123 AVE	
CITY-ST-ZIP	MIAMI FL 33175	
TITLE	TD	<input type="checkbox"/> Delete
NAME	GIL, JULIA	
STREET ADDRESS	2470 SW 123 AVE	
CITY-ST-ZIP	MIAMI FL 33175	
TITLE	V	<input type="checkbox"/> Delete
NAME	GARCIA, BLAS	
STREET ADDRESS	2050 SW 123 AVE	
CITY-ST-ZIP	MIAMI FL 33175	
TITLE	D	<input type="checkbox"/> Delete
NAME	SUBERVI, RAMON	
STREET ADDRESS	2330 SW 123 AVE	
CITY-ST-ZIP	MIAMI FL 33175	
TITLE		<input type="checkbox"/> Delete
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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed; or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ **REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/18/2000 **205-9623443**

CR2E037 19/99