

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 20, 2001 8:00 am
Secretary of State

02-20-2001 90085 020 ****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

2. Principal Place of Business:

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0516335

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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 checked="" type="checkbox"/> Delete
NAME	SALLEH, MOHAMAD S	
STREET ADDRESS	2370 SW 123 AVE	
CITY-ST-ZIP	MIAMI FL 33175	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	MONTES, HILDA	
STREET ADDRESS	2410 SW 123 AVE	
CITY-ST-ZIP	MIAMI FL 33175	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	GIL, JULIA	
STREET ADDRESS	2470 SW 123 AVE	
CITY-ST-ZIP	MIAMI FL 33175	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	GARCIA, BLAS	
STREET ADDRESS	2050 SW 123 AVE	
CITY-ST-ZIP	MIAMI FL 33175	
TITLE	D	<input checked="" 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	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Edward Abraham	
STREET ADDRESS	2070 SW 123 Ave.	
CITY-ST-ZIP	Miami, FL 33175	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Pedro Bello	
STREET ADDRESS	2450 SW 123 Ave.	
CITY-ST-ZIP	Miami, FL 33175	
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Sonny Salleh	
STREET ADDRESS	2370 SW 123 Ave.	
CITY-ST-ZIP	Miami, FL 33175	
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ramon Suberbi	
STREET ADDRESS	2330 SW 123 Ave.	
CITY-ST-ZIP	Miami, FL 33175	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Luis Solares	
STREET ADDRESS	2170 SW 123 Ave.	
CITY-ST-ZIP	Miami, FL 33175	
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:

SIGNATURE REQUIRED *Mohamad S Salleh 2/5/01* (305) 598-4002

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)