

**2002 UNIFORM BUSINESS REPORT (UBR)**

2/

**FILED**  
**Apr 03, 2002 8:00 am**  
**Secretary of State**

02-24-2002 90021 023 \*\*\*\*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

2370 SW 123 AVENUE

3. Mailing Address

2370 SW 123 AVENUE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

City & State

MIAMI, FLORIDA

4. FEI Number

65-0516335

Applied For

Not Applicable

Zip

33175-1174

Country

USA

Zip

33175-1174

Country

USA

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	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 type="checkbox"/> Delete
NAME	ABRAHAM, EDWARD	
STREET ADDRESS	2070 SW 123 AVE.	
CITY-ST-ZIP	MIAMI FL 33175	
TITLE	SD	<input type="checkbox"/> Delete
NAME	BELLO, PEDRO	
STREET ADDRESS	2450 SW 123 AVE.	
CITY-ST-ZIP	MIAMI FL 33175	
TITLE	TD	<input type="checkbox"/> Delete
NAME	SALLEH, SONNY	
STREET ADDRESS	2370 SW 123 AVE.	
CITY-ST-ZIP	MIAMI FL 33175	
TITLE	V	<input type="checkbox"/> Delete
NAME	SUBERBI, RAMON	
STREET ADDRESS	2330 SW 123 AVE.	
CITY-ST-ZIP	MIAMI FL 33175	
TITLE	D	<input type="checkbox"/> Delete
NAME	SOLARES, LUIS	
STREET ADDRESS	2170 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:

**SIGNATURE REQUIRED**

*[Handwritten Signature]*

3/21/02

205-9623443

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

MOHAMAD S. SALLET

CR2E037 (9/01)