

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2000 8:00 am
Secretary of State

05-02-2000 90069 006 ****61.25

DOCUMENT # N97000005742

1. Entity Name

CORAL REEF OF KEY BISCAYNE CONDOMINIUM ASSOCIATI

Principal Place of Business

Mailing Address

7913 NW 2ND ST.
 MIAMI FL 33126

2160 SW 137 PL
 MIAMI FL 33175-1080
 US

2. Principal Place of Business

5101 COLLINS AVE

3. Mailing Address

Suite, Apt. #, etc. *SAME*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI BEACH, FL

City & State

4. FEI Number

65-0786893

Applied For

Not Applicable

Zip

Country

33140 USA

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

ZARETSKY, LOUIS D
 555 NE 15TH ST., STE. 100
 MIAMI FL 33132

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	DP	<input type="checkbox"/> Delete
NAME	MERUELO, HOMERO F	
STREET ADDRESS	7913 NW 2ND ST.	
CITY-ST-ZIP	MIAMI FL 33126	
TITLE	DV	<input type="checkbox"/> Delete
NAME	MERUELO, BELINDA	
STREET ADDRESS	7913 NW 2ND ST.	
CITY-ST-ZIP	MIAMI FL 33126	
TITLE	DST	<input type="checkbox"/> Delete
NAME	MERUELO, HOMERO	
STREET ADDRESS	7913 NW 2ND ST.	
CITY-ST-ZIP	MIAMI FL 33126	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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		
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

[Handwritten Signature]

04/18/00 (305) 865-1250

CR2E037 (9/99)