

FILED
Sep 06, 2001 8:00 am
Secretary of State

07-24-2001 90042 030 ****61.25

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000000183

1. Entity Name

CORAL VILLAS HOME OWNERS ASSOCIATION INC.

LA

Principal Place of Business

13872 S.W. 153RD TERRACE
MIAMI FL 33177

Mailing Address

13872 S.W. 153RD TERRACE
MIAMI FL 33177



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

13864 SW 153 TERRACE

Suite, Apt. #, etc.

City & State

MIAMI, FL

4. FEI Number

65-0887748

Applied For

Not Applicable

Zip

Country

Zip

33177

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

HERNANDEZ, RAYMOND
13872 S.W. 153RD TERRACE
MIAMI FL 33177

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
After September 12, 2001, min. will be \$236.25

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

TITLE	D	<input type="checkbox"/> Delete
NAME	RODRIGUEZ, RIQUELME	
STREET ADDRESS	15325 SW 138 CT.	
CITY-ST-ZIP	MIAMI FL 33177	
TITLE	D	<input type="checkbox"/> Delete
NAME	DIAZ, EDDIE	
STREET ADDRESS	15325 SW 138 CT.	
CITY-ST-ZIP	MIAMI FL 33177	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	HEMANEZ, RAYMOND	
STREET ADDRESS	13872 SW 153 TERRACE	
CITY-ST-ZIP	MIAMI FL 33177	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RODRIGUEZ, RIQUELME	
STREET ADDRESS	13832 SW 153 TERRACE	
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RODRIGUEZ, RIQUELME	
STREET ADDRESS	13864 SW 153 TERRACE	
CITY-ST-ZIP		
TITLE	PD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HERNANDEZ, RAYMOND	
STREET ADDRESS	13872 SW 153 TERRACE	
CITY-ST-ZIP	MIAMI FL 33177	
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		

CR2E037 (5/01)

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 OF RIQUELME RODRIGUEZ
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/19/01

305 235-7262

Date

Daytime Phone #