

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 02, 2002 8:00 am**  
**Secretary of State**

04-02-2002 90081 009 \*\*\*150.00

0237421 AV

**DOCUMENT # P01000039963**

1. Entity Name

**CORALVIEW FLORIDA PROPERTIES CORP.**

Principal Place of Business

Mailing Address

**145 MADEIRA AVENUE**

**145 MADEIRA AVENUE**

**SUITE 310**

**SUITE 310**

**CORAL GABLES FL 33134**

**CORAL GABLES FL 33134**



2. Principal Place of Business

3. Mailing Address

**1320 So. Dixie Hwy.**

**1320 So. Dixie Hwy.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**Suite 280**

**Suite 280**

City & State

City & State

**Coral Gables, FL**

**Coral Gables, FL**

Zip

Country

Zip

Country

**33140**

**USA**

**33140**

**USA**

4. FEI Number

**05-1112147**

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

**SANCHEZ DE VARONA, RAUL J**

**145 MADEIRA AVENUE**

**SUITE 310**

**CORAL GABLES FL 33134**

Name

Street Address (P.O. Box Number is Not Acceptable)

**1320 So. Dixie Hwy**

**Suite 280**

**Coral Gables**

**FL**

Zip Code

**33140**

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

**\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
NAME **D NIETO MURILLO, ANDRES**  
STREET ADDRESS **145 MADEIRA AVENUE SUITE 310**  
CITY-ST-ZIP **CORAL GABLES FL 33134**

TITLE ☒ Change ☐ Addition  
NAME **1320 So. Dixie Hwy, Suite 280**  
STREET ADDRESS **Coral Gables, FL 33140**  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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TITLE ☐ Change ☐ Addition  
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NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

**SANCHEZ DE VARONA, RAUL J**

**18-03-2002 305-067-7733**

Date

Daytime Phone #

CR2E034 (9/01)