

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 24, 2003 8:00 am**  
**Secretary of State**

02-14-2003 90216 025 \*\*\*150.00

DOCUMENT # **P02000002955**

1. Entity Name  
**CORAL WAY DEVELOPMENT COMPANY**



Principal Place of Business  
**825 BRICKELL BAY DRIVE  
SUITE 175C  
MIAMI FL 33131**

Mailing Address:  
**825 BRICKELL BAY DRIVE  
SUITE 175C  
MIAMI FL 33131**



2. Principal Place of Business  
**4225 West 16th Avenue  
Suite, Apt. #, etc.  
2nd Floor**

3. Mailing Address  
**4225 West 16th Avenue  
Suite, Apt. #, etc.  
2nd Floor**

City & State  
**Hialeah, FL**  
Zip  
**33125**

Country  
**USA**

City & State  
**Hialeah, FL**  
Zip  
**33125**

Country  
**USA**

4. FEE Number  
**43-1970950**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

**X** CHECK HERE IF MAKING CHANGES

**6. Name and Address of Current Registered Agent**

**RODRIGUEZ-CHOMAT, JORGE  
767 ARTHUR GODFREY ROAD  
MIAMI BEACH FL 33140-3413**

**7. Name and Address of New Registered Agent**

Name  
**Santiago J. Alvarez**  
Street Address (P.O. Box Number is Not Acceptable)  
**4225 West 16th Avenue**  
City  
**Hialeah** FL Zip Code  
**33012**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]*

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

(If not, Registered Agent signature required when named agent)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State\***

9. Election Campaign Financing  
Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PVST</b> <input type="checkbox"/> Delete <b>Santiago J. Alvarez</b> <b>4225 West 16th Avenue</b> <b>Hialeah, FL 33012</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 of trust, be empowered to execute this report as required by Chapter 607, 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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

OFFICER/EMPLOYEE #

CR2F034 (10/02)