

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 19, 2002 8:00 am
Secretary of State

0301312 AV

DOCUMENT # P97000025412

1. Entity Name
CORAL TOWER APARTMENTS, INC.

04-19-2002 90002 009 ***150.00

Principal Place of Business

536 SW 12TH AVE
APT 102
MIAMI FL 33135
US

Mailing Address

P O BOX 45 2323
MIAMI FL 33245
US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0741234**

Applied For
Not Applicable

Zip

Country

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

PADIERNE, RAFAEL E
2501 BRICKELL AVE 806
MIAMI FL 33129

Name **RAFAEL E. PADIERNE**
Street Address (P.O. Box Number is Not Acceptable)
536 SW 12 AVENUE
APARTMENT # 102
City **MIAMI** **FL** Zip Code **33135**

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 *Rafael E. Padierne*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1-11-02

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 **PS** ☐ Delete
NAME **PADIERNE, RAFAEL E**
STREET ADDRESS **2501 BRICKELL AVE 806**
CITY-ST-ZIP **MIAMI FL 33129**

☒ Change ☐ Addition
TITLE
NAME
STREET ADDRESS **536 SW 12 AVE. APT. # 102**
CITY-ST-ZIP **MIAMI, FL 33135**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition
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STREET ADDRESS
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☐ Change ☐ Addition
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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: *Rafael E. Padierne* **PRESIDENT** **2/14/02** **305/461-4440**
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)