

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 10, 2001 8:00 am
Secretary of State

04-10-2001 90068 036 ***150.00

DOCUMENT # P97000078112

1. Entity Name
CORAL REEF OF KEY BISCAYNE DEVELOPERS, INC.

Principal Place of Business Mailing Address
5101 COLLINS AVE **5101 COLLINS AVE**
MIAMI BEACH FL 33140 **MIAMI BEACH FL 33140**

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **65-0786893** 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
MERUELO, HOMERO F
7913 NW 2ND ST.
MIAMI FL 33126

7. Name and Address of New Registered Agent
 Name **RICHARD MERUELO**
 Street Address (P.O. Box Number is Not Acceptable)
5101 COLLINS AVE
 City **MIAMI BEACH** 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]* DATE **4/6/01**

Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2001 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

TITLE	DP	<input checked="" type="checkbox"/> Delete
NAME	MERUELO, HOMERO F	
STREET ADDRESS	7913 NW 2ND ST.	
CITY-ST-ZIP	MIAMI FL 33126	
TITLE	DVST	<input type="checkbox"/> Delete
NAME	MERUELO, BELINDA	
STREET ADDRESS	7913 NW 2ND ST.	
CITY-ST-ZIP	MIAMI FL 33126	
TITLE	DV	<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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RICHARD MERUELO	
STREET ADDRESS	5101 COLLINS AVE.	
CITY-ST-ZIP	MIAMI BEACH, FL 33140	
TITLE	JVST	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MERUELO, BELINDA	
STREET ADDRESS	5101 COLLINS AVE.	
CITY-ST-ZIP	MIAMI BEACH, FL 33140	
TITLE	DV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MERUELO, HOMERO	
STREET ADDRESS	5101 COLLINS AVE.	
CITY-ST-ZIP	MIAMI BEACH, FL 33140	
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		

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: *[Signature]* Date **3/7/2001** Daytime Phone # **(305) 865-1250**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)