

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 06, 2001 8:00 am**  
**Secretary of State**

02-06-2001 90258 002 \*\*\*158.75

**DOCUMENT # P97000101350**

1. Entity Name

**CORAL GABLES TRADING CORPORATION**

Principal Place of Business

**14115 SOUTH DIXIE HWY  
 STE G  
 MIAMI FL 33176  
 US**

Mailing Address

**1140 LUGO AVENUE  
 CORAL GABLES FL 33156  
 US**

2. Principal Place of Business

3. Mailing Address

**14115 South Dixie Hwy**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**Suite G**

City & State

City & State

**Miami FL**

Zip

Country

Zip

Country

**33176 USA**

4. FEI Number

**65-0797871**

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

**WAYNE, GEOFFREY M  
 1001 BRICKELL BAY DRIVE SUITE 2702  
 MIAMI FL 33131**

7. Name and Address of New Registered Agent

Name

**Thomas J. Newberry**

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

**224 Tarpon St**

City

**Tavernier**

FL

Zip Code

**33070**

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

**Pres Thomas J. Newberry**

**1/29/01**

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 **D** ☐ Delete  
 NAME **NEWBERRY, THOMAS J**  
 STREET ADDRESS **1140 LUGO AVE**  
 CITY-ST-ZIP **CORAL GABLES FL 33156**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ Change ☐ Addition  
 NAME **Newberry Thomas J**  
 STREET ADDRESS **224 Tarpon St**  
 CITY-ST-ZIP **Tavernier, FL 33070**

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

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TITLE ☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Pres Thomas J. Newberry**

Date

Daytime Phone #

**305  
 971-2938**

CR2E034 (10/00)