

**2000 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P99000027521**

1. Entity Name

**CORAL GABLES DEVELOPMENT GROUP, INC.****FILED****Apr 17, 2001 8:00 am**  
**Secretary of State**

04-17-2001 90101 031 \*\*\*150.00

Principal Place of Business

18405 NE 30TH AVE  
AVENTURA FL 33160

Mailing Address

18405 NE 30TH AVE  
AVENTURA FL 33160

2. Principal Place of Business

16965 SW 192 St.

3. Mailing Address

16965 SW 192 St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

MIAMI, FL

City &amp; State

MIAMI, FL

4. FEI Number

Applied For

Not Applicable

Zip

33160

Country

U.S.A

Zip

33160

Country

U.S.A

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

ROVER, RONALD  
18405 NE 30TH AVE  
AVENTURA FL 33160

Name

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

City

FL

Zip Code

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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 | NAME                 | STREET ADDRESS    | CITY-ST-ZIP       |                                 | TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP |   |
|-------|----------------------|-------------------|-------------------|---------------------------------|-------|------|----------------|-------------|---|
|       | PD                   |                   |                   | <input type="checkbox"/> Delete |       |      |                |             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
|       | ROVER, RONALD        | 18405 NE 30TH AVE | AVENTURA FL 33160 |                                 |       |      |                |             |   |
|       | VD                   |                   |                   | <input type="checkbox"/> Delete |       |      |                |             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
|       | CACCIAMANI, CARLOS   | 18405 NE 30TH AVE | AVENTURA FL 33160 |                                 |       |      |                |             |   |
|       | SD                   |                   |                   | <input type="checkbox"/> Delete |       |      |                |             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
|       | CACCIAMANI, LUCIANO  | 18405 NE 30TH AVE | AVENTURA FL 33160 |                                 |       |      |                |             |   |
|       | TD                   |                   |                   | <input type="checkbox"/> Delete |       |      |                |             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
|       | POLANIA-VIEDA, FABIO | 18405 NE 30TH AVE | AVENTURA FL 33160 |                                 |       |      |                |             |   |
|       |                      |                   |                   | <input type="checkbox"/> Delete |       |      |                |             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
|       |                      |                   |                   |                                 |       |      |                |             |   |
|       |                      |                   |                   | <input type="checkbox"/> Delete |       |      |                |             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
|       |                      |                   |                   |                                 |       |      |                |             |   |

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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/01/01

Date

305-9920127

Daytime Phone #

CR2E034 (5/00)