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

## DOCUMENT # P99000027521 --

1. Entity Name

CORAL GABLES DEVELOPMENT GROUP, INC.

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	3. Mailing Address
169655W 1925t.	169655W 1925t.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
2	<u> </u>
City & State	City & State

FILED Apr 17, 2001 8:00 am Secretary of State 04-17-2001 90101 031 \*\*\*150.00



<u>16963 su</u>	<u> </u>	. + 2	16461 200	<u> 194</u>	20.						
Suite, Apt. #	#, etc.		Suite, Apt. #, etc.				DO NOT WRIT	E IN TH	IS SPACE		
City & State	) _ C		City & State			4.	FEI Number			Applied F	or
MIAMI, FO			MIAM, FL	Miliu, Ph						Not Applic	
Zip Country 32(8) U.S.A		Zip Cour		u.s.A	5.				3.75 Additional e Required		
	6. Name	and Address of Current Re	gistered Agent	٠,		7. 1	Name and Address of New Re	gistere	d Agent		
					Name				المنسيسية الم	,	
ROVER, RONALD					Street Address (P.O. Box Number is Not Acceptable)						
18405 NE 30TH AVE											
AVEN	NTURA FL	33160									
	ė				City FL Zip Code						
									<u> </u>		
8. The above r	named entity	submits this statement for th	e purpose of changing its r	egister	ed office or regi	stered ag	ent, or both, in the State of Flor	da.			
SIGNATURE _	Circostum transd	or printed name of registered agent and	title if applicable (NOTE:	Penistera	d Agent signature rec	uired when re	einetatina)	DATE	<u> </u>		-
•	aignature, typeci t	or printed name of registered agent and	Intell applicable. (NOTE.	registere	a ngani signatara rec		on other states				
9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FE					•	750.00	10. Election Campaign Fina	ncing	\$!	5.00 May	Be
Tax filing requirement and elects to do so. (See criteria on back)  After SEPTEMBER 13, 20 Make Check Payable to							Trust Fund Contribution			ided to Fee	
	a Oli Dack)		<u> </u>		spartment or		DITIONO (OLIANOTO TO OFFI	SEDO A	ND OIDEOT	OBC (N. 11	
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13. I hereby ce	ertify that the	information supplied with thi	s filing does not qualify for t	he exe	mption stated in	Section	119.07(3)(i), Florida Statutes. I	urther o	certify that th	ne informati	ion

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:** 

SICE VALUE REQUIRED SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/10/40

305-9720127