

2001 UNIFORM BUSINESS REPORT (UBR)

0005187

DOCUMENT # P99000027521

1. Entity Name

CORAL GABLES DEVELOPMENT GROUP, INC.

FILED

02 APR 26 PM 2:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

16965 SW 192 ST
MIAMI FL 33187

Mailing Address

18405 NE 30TH AVE
AVENUTRA FL 33160

2. Principal Place of Business

4779 collins Av

3. Mailing Address

4779 collins Av

Suite, Apt. #, etc.

Apt 2508

Suite, Apt. #, etc.

Apt 2508

City & State

Miami Beach Florida

City & State

Miami Beach, Florida

Zip

33140

Country

U.S.A.

Zip

33140

Country

U.S.A.



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0956204

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ROVER, RONALD
18405 NE 30TH AVE
AVENTURA FL 33160

7. Name and Address of New Registered Agent

Name

Maritza Polania

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

13280 SW 143terv Miami, Florida

City

Miami

FL

Zip Code

33186

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 \$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	PD	<input checked="" type="checkbox"/> Delete
NAME	ROVER, RONALD	
STREET ADDRESS	18405 NE 30TH AVE	
CITY-ST-ZIP	AVENTURA FL 33160	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	CACCIAMANI, CARLOS	
STREET ADDRESS	18405 NE 30TH AVE	
CITY-ST-ZIP	AVENTURA FL 33160	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	CACCIAMANI, LUCIANO	
STREET ADDRESS	18405 NE 30TH AVE	
CITY-ST-ZIP	AVENTURA FL 33160	
TITLE	TD	<input type="checkbox"/> Delete
NAME	POLANIA-VIDEA, FABIO	
STREET ADDRESS	18405 NE 30TH AVE	
CITY-ST-ZIP	AVENTURA FL 33160	
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	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FABIO POLANIA	
STREET ADDRESS	4779 collins Av Apt 2508 Miami Beach	
CITY-ST-ZIP	Florida 33140	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARITZA POLANIA	
STREET ADDRESS	4779 collins Av Apt 2508 Miami Beach	
CITY-ST-ZIP	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		
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Fabio Polania

04/11/02

Date

305-9720123

Daytime Phone #

CR2E034 (10/00)

Attachment # P99000027521

CORPORATE RESOLUTION

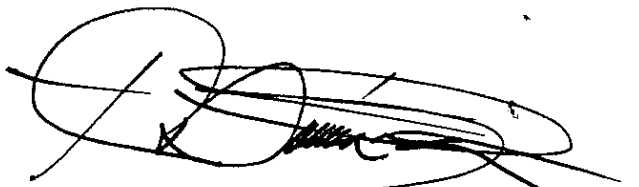
THE UNDERSIGNED, FABIO POLANIA VIEDA, The President and Secretary of CORAL GABLES DEVELOPMENT GROUP Inc. a Florida Corporation (hereinafter "The Corporation"), does hereby Certifies as follows:

That the following is a true and correct copy of a Resolution adopted by the Shareholders and Board of Directors of The Corporation at duly called joint meeting of the Shareholders and Directors held on May 24, 2001, in which all the Shareholders and Directors were present and voting throughout:

Be it resolved that FABIO POLANIA VIEDA, As PRESIDENT and SECRETARY of The Corporation and as a sole Shareholder, is hereby authorized to execute any and all documents as may be necessary or required to withdraw funds, deposit funds, and order drafts the two bank accounts of the Corporation,

The undersigned further certifies that the above Resolution of the Shareholders and Directors was duly and regularly enacted at a joint meeting of the Board of Directors and Shareholders called for that purpose and held in accordance with the By-Laws of the Corporation and the statutes of the State of Florida; that the Shareholders and Directors of The Corporation have full power and authority to bind The Corporation pursuant thereto; and that the resolution is in full force and effect and has not been altered, modified or rescinded.

In witness whereof, the undersigned has affixed its name as Officer and Director of The Corporation this 28 day of May, 2001



FABIO POLANIA VIEDA
As President and Secretary

State of Florida
County of Miami-Dade

The foregoing instrument was acknowledged before me this 28 day of May, 2001, by

attachment # P99000027521

FABIO POLANIA VIEDA who has produced passport as identification

Print name: LOURDES RODRIGUEZ
NOTARY PUBLIC State of Florida
My commission expires _____

