

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0162742 FP

DOCUMENT # **P99000027521**

1. Entity Name
CORAL GABLES DEVELOPMENT GROUP, INC.



FILED

03 OCT 27 PH 2:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT

Principal Place of Business
**4779 COLLIER AVENUE, APT 2508
MIAMI BEACH FL 33140**

Mailing Address
**4779 COLLIER AVENUE, APT 2508
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 **65-0956204**

Applied For
Not Applicable

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

**POLANIA, MORITEA
4779 COLLIER AVENUE, APT 2508
MIAMI BEACH FL 33140**

Name **Fabio Polania**
Street Address (P.O. Box Number is Not Acceptable)

4779 Collins Av. Apt 2508
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Maritza Polania**
Signature, typed or printed name of registered agent and title if applicable.

Fabio Polania
(NOTE: Registered Agent signature required when reinstating)

10/22/03
DATE

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **PD POLANIA, FABIO**
STREET ADDRESS **4779 COLLIER AVENUE, APT 2508**
CITY-ST-ZIP **MIAMI BEACH FL 33140**

TITLE ☐ Change ☐ Addition
NAME **Fabio Polania**
STREET ADDRESS **4779 Collins Av. Apt 2508**
CITY-ST-ZIP **Miami Beach FL 33140**

TITLE ☐ Delete
NAME **VP POLANIA, MARITZA**
STREET ADDRESS **4779 COLLIER AVENUE, APT 2508**
CITY-ST-ZIP **MIAMI BEACH FL 33140**

TITLE ☒ Change ☐ Addition
NAME **Ximena Polania**
STREET ADDRESS **4779 Collins Av Apt 2508**
CITY-ST-ZIP **Miami Beach FL 33140**

TITLE ☐ Delete
NAME **TD POLANIA-VIDEA, FABIO**
STREET ADDRESS **18405 NE 30TH AVE**
CITY-ST-ZIP **AVENTURA FL 33160**

TITLE ☐ Change ☐ Addition
NAME **Fabio Polania**
STREET ADDRESS **4779 Collins Av. Apt 2508**
CITY-ST-ZIP **Miami beach FL 33140**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

12. 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 10 or Block 11 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

10/22/03
Date

386-3484719
Daytime Phone #

CR2E034 (4/03)