

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 30, 2002 8:00 am**  
**Secretary of State**

001R2002 AV

01-30-2002 90042 028 \*\*\*150.00

**DOCUMENT # P99000090743**

1. Entity Name  
**CORAL GABLES FINANCIAL CENTER, INC.**

Principal Place of Business

**299 ALHAMBRA CIRCLE  
 SUITE 404  
 CORAL GABLES FL 33134**

Mailing Address

**299 ALHAMBRA CIRCLE  
 SUITE 404  
 CORAL GABLES FL 33134**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-0964978**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**KHOSRAVI, S. SHAWN  
 299 ALHAMBRA CIRCLE  
 SUITE 404  
 CORAL GABLES FL 33134**

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 \$150.00**  
**After May 1, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>KHOSRAVI, S. SHAWN</b>	
STREET ADDRESS	<b>299 ALHAMBRA CIRCLE, SUITE 404</b>	
CITY-ST-ZIP	<b>CORAL GABLES FL 33134</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> Delete
NAME	<b>GUILARTE, ERASMO ANDRES</b>	
STREET ADDRESS	<b>1570 MADRUGA AVE (#305)</b>	
CITY-ST-ZIP	<b>CORAL GABLES FL 33146</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> Delete
NAME	<b>KHOSRAVI, EZZATOLLAH</b>	
STREET ADDRESS	<b>10331 QUITO ST</b>	
CITY-ST-ZIP	<b>COOPER CITY FL 33026</b>	
TITLE	<b>ST</b>	<input type="checkbox"/> Delete
NAME	<b>HINES, KENT CHARLES</b>	
STREET ADDRESS	<b>504 NAVARRE</b>	
CITY-ST-ZIP	<b>CORAL GABLES FL 33134</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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		
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:

*S. SHAWN KHOSRAVI*  
**S. SHAWN KHOSRAVI, Jan 15 02**

**305-461-0667**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)