

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P96000049864

1. Entity Name

Coratus Secundus Holdings, Inc.

FILED

02 JUN 10 PM 2:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1500 Cordova Road

Suite, Apt. #, etc.

Suite 202

City & State

Ft. Lauderdale, FL

Zip

33316

Country

USA

3. Mailing Address

1500 Cordova Road

Suite, Apt. #, etc.

Suite 202

City & State

Fort Lauderdale, FL

Zip

33316

Country

USA

4. FEI Number

650673010

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

John Tomaselli

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

1500 Cordova Road

Suite 202

City

Fort Lauderdale

FL

Zip Code

33316

**DO NOT WRITE
IN THIS SPACE**

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) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

NAME

STREET ADDRESS

CITY-ST-ZIP

PTD
James F. Stebbins
1792 Route 106
Mottontown, NY 11791

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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-06/25/02--01046--034

***558.75 ***558.75

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

VD
Cynthia Stebbins
1792 Route 106
Mottontown, NY 11791

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SD
Lawrence Brennan
176 Christal Street
Metuchen, NJ 08840

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

AV
Tracy L. Oldakowski
1141 NE 17th Ave #11
Ft. Lauderdale, FL 33304

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

ATS
Bernadette Sheehan
38 Greenlawn Ave
Seacliff, NY 11579

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

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 on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Tracy L. Oldakowski

6/3/02

Date

516-921-

5028

Daytime Phone #

CR2E0348 (12/01)