

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)


**FILED**  
**Feb 03, 2003 8:00 am**  
**Secretary of State**

02-03-2003 90319 042 \*\*\*150.00

**22001509**



☐ CHECK HERE IF MAKING CHANGES

<b>DOCUMENT # P95000028285</b>		
1. Entity Name <b>COULTER INTERNATIONAL CORP.</b>		

Principal Place of Business <b>11800 S.W. 147TH AVE. MIAMI FL 33196-2500</b>	Mailing Address <b>11800 S.W. 147TH AVE. MIAMI FL 33196-2500</b>
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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 <b>65-0609339</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent	
<b>NRAI SERVICES 526 E. PARK AVE TALLAHASSEE FL 32301</b>	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
<b>FL</b>	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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2003 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> Delete
NAME	<b>P VIVANCO, EDGAR</b>
STREET ADDRESS	<b>4300 N. HARBOR BLVD</b>
CITY-ST-ZIP	<b>FULLERTON CA 92835</b>
TITLE	<input type="checkbox"/> Delete
NAME	<b>AT COONAN, RICHARD P</b>
STREET ADDRESS	<b>11800 SW 147TH AVE</b>
CITY-ST-ZIP	<b>MIAMI FL 33196</b>
TITLE	<input type="checkbox"/> Delete
NAME	<b>AS ALTER, M. LUKE</b>
STREET ADDRESS	<b>11800 S.W. 147TH AVENUE</b>
CITY-ST-ZIP	<b>MIAMI FL 33196</b>
TITLE	<input type="checkbox"/> Delete
NAME	<b>VPS MAY, WILLIAM H</b>
STREET ADDRESS	<b>4300 N HARBOR BLVD</b>
CITY-ST-ZIP	<b>FULLERTON CA 92835</b>
TITLE	<input type="checkbox"/> Delete
NAME	<b>VPS GLOVER, JAMES T</b>
STREET ADDRESS	<b>4300 N HARBOR BLVD</b>
CITY-ST-ZIP	<b>FULLERTON CA 92835</b>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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	

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:** M. LUKE ALTER **REQUIRED** 1/29/03 **(305) 380-2088**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #  
**M. LUKE ALTER, ASSISTANT SECRETARY**

CR2E034 (10/02)