

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 627891

1. Entity Name

Coral Day Realty Corp.

Principal Place of Business

Mailing Address

2. Principal Place of Business

5700 Horizons Lane

3. Mailing Address

5700 Horizons Lane

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Margate, FL.

City & State

Margate, FL.

Zip

33063

Country

USA

Zip

33063

Country

USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Alan Wolnek

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

5700 Horizons Lane

City

Margate

FL

Zip Code

33063

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)

Alan Wolnek

4/24/00

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, 2000 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
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
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12.

TITLE
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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☒ Change ☐ Addition

P
Alan Wolnek
5700 Horizons Lane
Margate, FL. 33063

☐ Change ☒ Addition

T
Allan Cohn
5700 Horizons Lane
Margate, FL. 33063

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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

4/24/00

Date

(954) 970-6700

Daytime Phone #

CR2E034 (9/99)

FILED
May 10, 2000 8:00 am
Secretary of State

05-10-2000 90138 033 ***158.75

DO NOT WRITE IN THIS SPACE