2002 Uniform Business Report (UBR)

Mar 14, 2002 8:00 am **DOCUMENT #** 686714 **Secretary of State** 1. Entity Name 03-14-2002 90041 034 ***150.00 CORAL CASTLE, INC. Mailing Address Principal Place of Business C/O FRED BLUMENFELD 28655 SOUTH FEDERAL HIGHWAY 5301 W DEMPSTER, SUITE 300 HOMESTEAD FL 33033-1214 SKOKIE IL 60077 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-2060000 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BLUMENFELD, FRED Street Address (P.O. Box Number is Not Acceptable) 9601 COLLINA AVE APT 306.C/O BARR BAL HARBOR FL 33154 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 DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change ☐ Addition TITLE TITLE ☐ Delete NAME NAME BARR, IRVING STREET ADDRESS STREET ADDRESS 180 EAST PEARSON CITY-ST-ZIP CITY-ST-ZIP CHICAGO IL ☐ Addition Change ☐ Delete TITLE TITLE NAME NAME BARR, LYNN STREET ADDRESS STREET ADDRESS 180 EAST PEARSON CITY-ST-ZIP CITY-ST-ZIP CHICAGO IL Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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.

FILED

(9/01)CR2E034