

2001 UNIFORM BUSINESS REPORT (UBR)

0008275 AF

DOCUMENT #	A92000000271
1. Entity Name	
CORAL HOLDINGS, LTD.	

Principal Place of Business	Mailing Address
10100 WEST SAMPLE RD., #205 CORAL SPRINGS FL 33065	10100 WEST SAMPLE RD., #205 CORAL SPRINGS FL 33065

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State

Zip	Country	Zip	Country
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FILED
01 MAR 12 AM 11:37
SECRETARY OF STATE
TALLAHASSEE FLORIDA



DO NOT WRITE IN THIS SPACE

4. FEI Number	65-0379569	Applied For
		Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
CUMBER, AFTAB A 10100 WEST SAMPLE ROAD, #205 CORAL SPRINGS FL 33065

7. Name and Address of New Registered Agent
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ **DATE** _____

9. Capital Contributions as Shown on record.	\$982.00
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10. Amount of Capital Contributions in FLORIDA to date.
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11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION
DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP
CUMBER, AFTAB A
10100 W. SAMPLE ROAD, SUITE 200
CORAL SPRINGS FL 33065

13. ADDRESS CHANGES ONLY
STREET ADDRESS
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14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER	Date	Daytime Phone #
	CUMBER, AFTAB A	3/9/01	954-753-4242

CR2E003 (11/00)