

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jul 26, 2001 8:00 am**  
**Secretary of State**

07-26-2001 90003 043 \*\*\*558.75

0020947 AV

**DOCUMENT # F00000004735**  
 1. Entity Name  
**CORAL REEF TECHNOLOGIES INC.**

Principal Place of Business 6636 NW 178 TERRACE MIAMI FL 33015	Mailing Address 6636 NW 178 TERRACE MIAMI FL 33015
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 1100 LEE WAGENER BLVD	3. Mailing Address 1100 LEE WAGENER BLVD
Suite, Apt. #, etc. 351	Suite, Apt. #, etc. 351

City & State FT. LAUDERDALE, FL	City & State FT. LAUDERDALE, FL	4. FEI Number 65-1028661	Applied For Not Applicable
Zip 33315	Country USA	Zip 33315	Country USA

5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent  
**BARRERA, JORGE A**  
**6636 NW 178 TERRACE**  
**MIAMI FL 33015**

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 Jorge A Barrera DATE 7/20/01  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 \$550.00**  
**After September 12, 2001 Fee will be \$750.00**  
**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	<b>PCDS BARRERA, MICHAEL F 3801 SW 144 AVE. MIRAMAR FL</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VTD BARRERA, JORGE A 6636 NW 178 TERRACE MIAMI FL</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: Jorge A Barrera **SIGNATURE REQUIRED** JORGE A. BARRERA 7/20/01 305-984-7257  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/01)