

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 06, 2001 8:00 am
Secretary of State

08-06-2001 90006 039 ***550.00

004486 AV

DOCUMENT # F79302

1. Entity Name

CORAL INTERNATIONAL TELEVISION CORP.

Principal Place of Business

**710 SOUTH DIXIE HIGHWAY
CORAL GABLES FL 33146**

Mailing Address

**710 SOUTH DIXIE HIGHWAY
CORAL GABLES FL 33146**

2. Principal Place of Business

4380 N.W. 128 ST.

Suite, Apt. #, etc.

3. Mailing Address

4380 N.W. 128 ST

Suite, Apt. #, etc.

City & State

OPA-LOCCA, FLORIDA

Zip

33054

Country

U.S.A.

City & State

OPA-LOCCA, FLORIDA

Zip

33054

Country

USA

4. FEI Number

59-2179838

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**ARAN, FERNANDO S
ARAN CORREA & GUARCH, P.A.
710 SOUTH DIXIE HWY
CORAL GABLES FL 33146**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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 \$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 **PD** ☐ Delete
NAME **GRANIER, MARCEL**
STREET ADDRESS **2601 S. BAYSHORE DR., #1225**
CITY-ST-ZIP **MIAMI-FL**

TITLE **SD** ☐ Delete
NAME **LOVERA, MARCO**
STREET ADDRESS **2601 S. BAYSHORE DR., #1225**
CITY-ST-ZIP **MIAMI-FL**

TITLE **D** ☐ Delete
NAME **CARRERA, PEDRO**
STREET ADDRESS **2601 S. BAYSHORE DR., #1225**
CITY-ST-ZIP **MIAMI-FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☒ Change ☐ Addition
NAME **GRANIER, MARCEL**
STREET ADDRESS **4380 NW 128 ST**
CITY-ST-ZIP **OPA-LOCCA, FLORIDA 33054**

TITLE **SD** ☒ Change ☐ Addition
NAME **LOVERA, MARCO**
STREET ADDRESS **4380 NW 128 ST.**
CITY-ST-ZIP **OPA-LOCCA, FLORIDA 33054**

TITLE **D** ☒ Change ☐ Addition
NAME **CARRERA, PEDRO**
STREET ADDRESS **4380 NW 128 ST**
CITY-ST-ZIP **OPA-LOCCA, FLORIDA 33054**

TITLE **V.** ☐ Change ☒ Addition
NAME **JOSE ESCALANTE**
STREET ADDRESS **4380 N.W. 128 ST**
CITY-ST-ZIP **OPA-LOCCA, FLORIDA 33054**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 REQUIRED**

SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

30/7/01

Date

Daytime Phone #

CR2E034 (5/01)