

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 17, 2003 8:00 am
Secretary of State

04-17-2003 90173 029 ***150.00

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1. Entity Name

CORONA INTERNATIONAL SERVICE CORP.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

200 S. Biscayne Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Ste # 4100

DO NOT WRITE IN THIS SPACE

City & State

City & State

Miami, FL

4. FEI Number

Applied For

Not Applicable

Zip

Country

Zip

33131

Country

Dade

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

CORPORATE INTERNATIONAL REGISTERED AGENTS, INC.

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

200 South Biscayne Blvd.

Suite #4100

City

Miami

FL

Zip Code

33131

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2/10/03

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$67.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DPS
NAME	PHOENIX DIRECTORS LTD.
STREET ADDRESS	Road Town Tortola
CITY-ST-ZIP	British Virgin Islands
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
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STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/03

Date

Daytime Phone #

CR2E034B (12/02)