

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 18, 2000 8:00 am
Secretary of State

09-18-2000 90150 016 ***550.00

DOCUMENT # J83447

1. Entity Name

CORAL PICTURES CORPORATION

Principal Place of Business

101 MADEIRA AVE
 CORAL GABLES FL 33134

Mailing Address

101 MADEIRA AVE
 CORAL GABLES FL 33134

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2830975

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

ARAZOZA, DE TORRES & FE P
2100 SALZEDO ST
STE 300
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name

FERNANDO S. ARAÑ

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

ARAN CORREA GUARCA, P.A

710 SOUTH DIXIE HWY

City

CORAL GABLES

FL

Zip Code

33146

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]

FERNANDO S. ARAÑ

8/21/2000

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 13, 2000 Min. 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	<input type="checkbox"/> Delete
NAME	GRANIER, MARCEL	
STREET ADDRESS	2601 S. BAYSHORE DR., #1225	
CITY-ST-ZIP	MIAMI FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	LOVERA, MARCO	
STREET ADDRESS	2601 S. BAYSHORE DR., #1225	
CITY-ST-ZIP	MIAMI FL	
TITLE	EMT	<input checked="" type="checkbox"/> Delete
NAME	PAEZ, ANTONIO	
STREET ADDRESS	2601 S. BAYSHORE DR., #1225	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARCEL GRANIER	
STREET ADDRESS	4380 NW 128 Street	
CITY-ST-ZIP	OPAROCKA, FL 33054	
TITLE	S/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARCO LOVERA	
STREET ADDRESS	4380 NW 128 Street	
CITY-ST-ZIP	OPAROCKA, FL 33054	
TITLE	E/I-T	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Pedro Carrera	
STREET ADDRESS	4380 NW 128 Street	
CITY-ST-ZIP	OPAROCKA, FL 33054	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/5/2000

Date

(305) 488-7475

Daytime Phone #

CR2E034 (5/00)