

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J83452

1. Entity Name

CORAL TELEVISION, INC.

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

09-18-2000 90150 017 ***550.00

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

4. FEI Number 65-0105170

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

ARAZOZA, COMAS, DE TORRES & FERNANDEZ-FRAGA
 2100 SALZEDO ST
 STE 300
 CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name: FERNANDO S. ARAN
 ARAN CORREA & GUARDIA, P.A.
 Street Address (P.O. Box Number is Not Acceptable)
 710 SOUTH DIXIE HIGHWAY
 CORAL GABLES
 City: 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, typed or printed name of registered agent and title if applicable.

FERNANDO S. ARAN

(NOTE: Registered Agent signature required when reinstating)

8/21/2000
 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 ☐ 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 EVMT ☒ Delete
 NAME PAEZ, ANTONIO
 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 P/D ☒ Change ☐ Addition
 NAME MARCEL GRANIER
 STREET ADDRESS 4380 N.W. 128 ST.
 CITY-ST-ZIP OPA LOCKA, FL 33054

TITLE S/D ☒ Change ☐ Addition
 NAME MARCO LOVERA
 STREET ADDRESS 4380 N.W. 128 ST.
 CITY-ST-ZIP OPA LOCKA, FL 33054

TITLE EV/T ☒ Change ☒ Addition
 NAME PEDRO CARRERA
 STREET ADDRESS 4380 N.W. 128 ST.
 CITY-ST-ZIP OPA LOCKA, FL 33054

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

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]* **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/5/2000 (305) 688-7475
 Date Daytime Phone #

CR2E034 (5/00)