

2001 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

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AF

DOCUMENT # L00000013243

1. Entity Name
CORAL WAY ENTERPRISES LLC

01 APR 26 PM 3:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
1395 CORAL WAY, 3RD FLOOR
MIAMI FL 33145

Mailing Address
1395 CORAL WAY, 3RD FLOOR
MIAMI FL 33145



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

☒ Applied For

☐ Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATE CREATIONS NETWORK INC.
941 FOURTH STREET #200
MIAMI BEACH FL 33139

Name Cesar M Melgoza
Street Address (P.O. Box Number is Not Acceptable)
1395 Coral Way
City Miami FL 33145

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

Cesar M Melgoza

(NOTE: Registered Agent signature required when reinstating)

DATE

4/23/01

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE MGRM ☐ Delete
NAME MELGOZA, CESAR M SR.
STREET ADDRESS 1395 CORAL WAY, 3RD FLOOR
CITY-ST-ZIP MIAMI FL 33145

TITLE 100004190971 ☐ Change ☐ Addition
NAME -05/03/01--01076--030
STREET ADDRESS *****50.00 *****50.00
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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CITY-ST-ZIP

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TITLE ☐ Delete
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CITY-ST-ZIP

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

Cesar M Melgoza

Date

Daytime Phone #

4/23/01

305 860 1460

CR2E083 (11/00)