

# 2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

0015850 AB

DOCUMENT # L94000000664

1. Entity Name  
CORAL COVE, L.C.

00 APR 18 AM 8:35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
443 N. MAIN STREET #10  
HENDERSONVILLE NC 28792

Mailing Address  
443 N. MAIN STREET #10  
HENDERSONVILLE NC 28792-4905



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

mnM

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0598526

Applied For

Not Applicable

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

HERNANDEZ, EDMUNDO  
13150 SW 130 TERRACE, SUITE #3  
MIAMI FL 33186

Name Gaston Campano

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

2594 W. 84th ST

City Khalcah

FL

Zip Code 33016

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

Gaston Campano

4/12/00

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
MEM  
CAMPANO, GASTON  
224 THOMPSON ST., #194  
HENDERSONVILLE NC 28792 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
MEM  
CAMPANO, LISA  
224 THOMPSON ST., #194  
HENDERSONVILLE NC 28792 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
500003236655-5  
-05/03/00--01046--023  
\*\*\*\*\*50.00 \*\*\*\*\*50.00 ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
MEM  
HERNANDEZ, EDMUNDO  
2 WINDRUSH LANE  
FLT ROCK NC 28731 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
MEM  
GARCIA-HERNANDEZ, LORI  
~~2 WINDRUSH LANE SUITE 106~~  
FLT ROCK NC 28731 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
☒ Change ☐ Addition  
2 WINDRUSH LANE  
FLAT ROCK NC 28731

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
☐ Delete

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

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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

4/12/00

828 6983923

CR2E083 (9/99)