FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

2001-2002 Reinstatement

APPROVED AND FILED

02 APR -9 AM 10:58

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # L94000000664

1. Entity Name

Coral Cove, LC.

DO NOT WRITE IN THIS SPACE

2001-2002

REINSTATEMENT

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
101-C CHADWICK		101-C CHADWICK	
Suite, Apt. #, etc. SQUARE CT		Suite, Apt. #, etc. SQUARE Court	
City & State Hendersonville, NC		City & State Hendersonville, NC	
Zip 28739	Country U.S.A.	Zip 28739	Country U.S.A.

4. FEI Number 65-0598526 ☐ Applied For ☐ Not Applicable

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 Gaston Campano

Street Address (P.O. Box Number is Not Acceptable) 2594 W. 84TH STREET

City Hialeah **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 [signature] Gaston Campano 3/22/02

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) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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	MEMBER	TITLE	
NAME	Gaston Campano	NAME	
STREET ADDRESS	100 Gatewood LN	STREET ADDRESS	
CITY-ST-ZIP	Saluda, NC 28773	CITY-ST-ZIP	
TITLE	MEMBER	TITLE	
NAME	Lisa Campano	NAME	
STREET ADDRESS	100 Gatewood LN.	STREET ADDRESS	200005258642--5
CITY-ST ZIP	Saluda, NC 28773	CITY-ST ZIP	-04/12/02--01102--007
TITLE	MEMBER	TITLE	****200.00 ****200.00
NAME	Edmundo Hernandez	NAME	
STREET ADDRESS	2 windrush LN.	STREET ADDRESS	**DO NOT WRITE**
CITY-ST-ZIP	Flat Rock, NC 28731	CITY-ST-ZIP	**IN THIS SPACE**
TITLE	MEMBER	TITLE	
NAME	Lori Garcia-Hernandez	NAME	
STREET ADDRESS	2 Windrush LN.	STREET ADDRESS	
CITY-ST-ZIP	Flat Rock, NC 28731	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 3/22/02 (828) 6983923

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #