

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M01000000114

1. Entity Name

CORO INVESTMENTS, LLC

Principal Place of Business

Mailing Address

2. Principal Place of Business

8221 OLD COURTHOUSE ROAD

3. Mailing Address

8221 OLD COURTHOUSE ROAD

Suite, Apt. #, etc.

SUITE 204

Suite, Apt. #, etc.

SUITE 204

City & State

VIENNA, VA

City & State

VIENNA, VA

4. FEI Number

36-4334930

Applied For

Not Applicable

Zip

22182

Country

USA

Zip

22182

Country

USA

5. Certificate of Status Desired

\$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

FILED

01 MAY -7 PM 3:10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

W. PARKINSON MYERS

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

15436 N. FLORIDA AVENUE

SUITE 101

City

TAMPA

FL

Zip Code

33613

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



W. PARKINSON MYERS

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

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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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MANAGER  
VICTOR R. FRANSEN  
8221 OLD COURTHOUSE ROAD, SUITE 204  
VIENNA, VA 22182

800004342028  Addition  
-06/05/01--01085--023  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

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:



VICTOR R. FRANSEN  
MANAGER

4/30/01

(703) 506-1006

SIGNATURE, TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #