

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2002 8:00 am
Secretary of State

05-14-2002 90301 027 ***158.75

DOCUMENT # M26749

1. Entity Name
CORAL WEST LAND COMPANY, INC.

Principal Place of Business
3157 S.W. 111TH AVENUE
MIAMI FL 33165

Mailing Address
P.O. BOX 65-1097
MIAMI FL 33265
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
20841 SAN SIMEON WAY

3. Mailing Address
20841 SAN SIMEON WAY

Suite, Apt. #, etc.
APT 204

Suite, Apt. #, etc.
APT 204

City & State
North Miami Beach, FL

City & State
North Miami Beach, FL

4. FEI Number **59-2643697**

Applied For
☐ Not Applicable

Zip **FL 33179** Country **USA**

Zip **33179** Country **USA**

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

LEON, CARMEN L.
1810 S.W. 92ND AVENUE
MIAMI FL 33165

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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.

(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) ☐

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
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 **PSD** ☐ Delete
NAME **HAEDO, ANA MARIA**
STREET ADDRESS **3157 S.W. 111TH AVENUE**
CITY-ST-ZIP **MIAMI FL**

TITLE **VTD** ☐ Delete
NAME **REVUELTA, JOSE M.**
STREET ADDRESS **3157 S.W. 111TH AVENUE**
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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PSD** ☐ Change ☐ Addition
NAME **JOHN MARQUEZ**
STREET ADDRESS **20841 SAN SIMEON WAY, Apt 204**
CITY-ST-ZIP **North Miami Beach, FL 33179.**

TITLE **VTD** ☐ Change ☐ Addition
NAME **MICHAEL MARQUEZ.**
STREET ADDRESS **20841 SAN SIMEON WAY, Apt 204**
CITY-ST-ZIP **North Miami Beach, FL 33179.**

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

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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: **John Marquez** **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-02 305-338-4260

Date

Daytime Phone #

CR2E034(9/01)