

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M89697

1. Entity Name
CORAL EXPORTS, INC.

Principal Place of Business

100 MIDDLE RD
RIVIERA BCH FL 33404
US

Mailing Address

P.O. BOX 6742
LAKE WORTH FL 33466-6742

2. Principal Place of Business

100 W. MIDDLE ROAD
Suite, Apt. #, etc.

3. Mailing Address

P.O. BOX 6742
Suite, Apt. #, etc.

City & State

RIVIERA BEACH FL.
Zip 33404 Country

City & State

LAKE WORTH FL
Zip 33466 Country PALM BEACH

4. FEI Number

65-0086588

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DE NEZZA, PHILLIP J.
8450 BONITA ISLE DRIVE
LAKE WORTH FL 33467

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, type 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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	DE NEZZA, PHILLIP J	
STREET ADDRESS	8450 BONITA ISLE DR.	
CITY-ST-ZIP	LAKE WORTH FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-17-00

Date

561-433-9213

Daytime Phone #

CR2E034 (9/99)

FILED
Jan 24, 2000 8:00 am
Secretary of State

01-24-2000 90104 016 ***163.75



DO NOT WRITE IN THIS SPACE