

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N00000001980

FILED
May 05, 2003
Secretary of State

Entity Name: C.O.R.E.B.A. INC.

Current Principal Place of Business:

9530 N.W. 24TH COURT
SUNRISE, FL 33322

New Principal Place of Business:

Current Mailing Address:

1635 N.W. 80TH AVENUE
#E
MARGATE, FL 33063

New Mailing Address:

FEI Number: 65-1049404 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SAINT FORT, MICHEL ANGE
9530 NW 24TH COURT
SUNRISE, FL 33322 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: PETIT, PIERRE G
Address: 123 NE 9TH AVE #17
City-St-Zip: NORTH MIAMI, FL 33161

Title: D () Delete
Name: ST. FLEUR, YOUSELINE
Address: 5972 NW 19TH STREET #1
City-St-Zip: LAUDERHILL, FL 33313

Title: D () Delete
Name: TIROGENE, JOACENE
Address: 1640 NW 9TH AVENUE #A
City-St-Zip: FORT LAUDERDALE, FL 33311

Title: T () Delete
Name: SAINT FORT, MICHEL ANGE
Address: 9530 NW 24TH COURT
City-St-Zip: SUNRISE, FL 33322

Title: S () Delete
Name: GEFFRARD, NATALIE
Address: 1635 N.W. 80TH AVENUE, #E
City-St-Zip: MARGATE, FL 33063

Title: D () Delete
Name: GEFFRARD, JACOB
Address: 1635 N.W. 80TH AVENUE, #E
City-St-Zip: MARGATE, FL 33063

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JACOB GEFFRARD

D

05/05/2003

Electronic Signature of Signing Officer or Director

_____ Date