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DOCUMENT # 1. Entity Name CORAL FINANCIAL SERVICES, INC.		P00000011969	
Principal Place of Business 720 CORAL WAY CORAL GABLES, FL. 33134		Mailing Address 720 CORAL WAY CORAL GABLES, FL. 33134	
2. Principal Place of Business 720 coral way Suite, Apt. #, etc. 12B		3. Mailing Address 720 CORAL WAY Suite, Apt. #, etc. 12B	
City & State Coral Gables, FL.		City & State CORAL GABLES, FL.	
Zip 33134	Country USA	Zip 33134	Country USA
4. FEI Number 65-0987988		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		05/18/01 91585-047-\$158.75	
6. Name and Address of Current Registered Agent ALVARO CORTES 720 CORAL WAY, APT. 12B CORAL GABLES, FL. 33134		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 _____ (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) <input checked="" type="checkbox"/>		10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: _____		Date: 4/30/01 3055697505	

CR2E034 (11/00)



CORAL FINANCIAL SERVICES, INC.

e-mail: 720coral@msn.com

Telefax: 305 569 7506

Alvaro Cortes
Director

October 12, 2001

FLORIDA DEPARTMENT OF STATE
Division of Corporations
P. O. Box 1500
Tallahassee, Fl. 32302-1500

Ladies and Gentlemen:

Re: 2001 Uniform Business Report Filed April 30, 2001
CORAL FINANCIAL SERVICES, INC.
Document # P-00000011969; Tax ID 65-0987988

Yesterday, I received a surprising notice indicating that subject corporation has been revoked by your Division for lack of filing the 2001 UBR and corresponding payment.

Since I did comply with the aforementioned on April 30 (copy of my payment letter attached), I contacted your Department and was informed that:

1. Payment was in fact received and recorded.
2. The UBR filing, however, did not include the information required in Box 12.
3. A notice had been mailed to me regarding this matter. However, I never received such notice.

In order to comply with your request, I submit herewith a copy of the UBR filing, providing the missing information. As my payment included the \$8.75 for a certificate status, I will appreciate receiving such certificate by return mail.

Thank you for your attention. Kindly confirm via mail that the corporation has been reinstated in your books.

Yours truly,


ALVARO CORTES
Director
CORAL FINANCIAL SERVICES, INC.

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