

**2001 UNIFORM BUSINESS REPORT (UBR)**

5/71

**FILED**  
**May 25, 2001 8:00 am**  
**Secretary of State**

05-07-2001 90017 006 \*\*\*150.00

**DOCUMENT # P0000053803**

1. Entity Name  
**CORAL TRADING COMPANY**

|  |  |
|--|--|
| Principal Place of Business<br><b>2050 CORAL WAY SUITE 303<br/>         MIAMI FL 33145</b> | Mailing Address<br><b>2050 CORAL WAY SUITE 303<br/>         MIAMI FL 33145</b> |
|--|--|

|  |   |
|--|---|
| 2. Principal Place of Business<br><b>3109 Grand Avenue</b><br>Suite, Apt. #, etc.<br><b>Suite # 253</b><br>City & State<br><b>Miami, Fla</b> | 3. Mailing Address<br><b>3109 Grand Avenue</b><br>Suite, Apt. #, etc.<br><b>#253</b><br>City & State<br><b>Miami, Fl.</b> |
|--|---|

|                     |                       |                     |                       |
|---------------------|-----------------------|---------------------|-----------------------|
| Zip<br><b>33133</b> | Country<br><b>USA</b> | Zip<br><b>33133</b> | Country<br><b>USA</b> |
|---------------------|-----------------------|---------------------|-----------------------|

|   |  |
|---|--|
| 4. FEI Number<br><b>65-1013644</b>  | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |  |

6. Name and Address of Current Registered Agent  
**ARCHBOLD, CARLOS**  
**2050 CORAL WAY SUITE 303**  
**MIAMI FL 33145**

7. Name and Address of New Registered Agent  
 Name **Liliana Quintero**  
 Street Address (P.O. Box Number is Not Acceptable)  
**3109 Grand Avenue**  
**#253**  
 City **Miami, FL** Zip Code **33133**

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 *Liliana Quintero* DATE 4/24/01  
Signature of the principal, partner, or registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

|   |   |  |
|---|---|--|
| 9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/> | <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After MAY 1, 2001 Fee will be \$550.00</b><br><b>Make Check Payable to Department of State</b> | 10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |
|---|---|--|

| 11. OFFICERS AND DIRECTORS                     |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>DPT</b><br><b>ARCHBOLD, CARLOS</b><br><b>2050 CORAL WAY SUITE 303</b><br><b>MIAMI FL 33145</b> <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>S</b><br><b>QUINTERO, LILIANA</b><br><b>2050 CORAL WAY SUITE 303</b><br><b>MIAMI FL 33145</b> <input type="checkbox"/> Delete  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   |

| 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |  |
|---|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>Liliana Quintero</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br><b>DVS</b><br><b>3109 Grand Avenue #253</b><br><b>Miami, Fl. 33133</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |

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: *Liliana Quintero* DATE 4/24/01 DAYTIME PHONE # 305-5258225  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)