2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR)

P00000089295 **DOCUMENT #**

1. Entity Name CODAL MAY DEDIATRICS INC



FILED

CORAL WAT PEDIATRICS, INC.						7					
Principal Place 600 SW 24TH MIAMI FL 331	ROAD	600 S	Mailing Address 600 SW 24TH ROAD MIAMI FL 33129								
2. Principal P	lace of Business	3. Maili	3. Mailing Address				1 1881 1881 111 18 11 1 8811 8811 8811	88111 66161 18			
Suite, Apt.	#, etc.	Suite	Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES				
City & State		City	City & State			4.	FEI Number 65-1041024			plied For t Applicable	
Zip	Country	Country			5. (Certificate of Status Desired		8.75 Add	itional		
	6. Name and Address of Curren	t Registere	gistered Agent			7. 1	7. Name and Address of New Registered Agent				
					Name						
BARANDI	aran, nora			Street Address (P.O. Box Number is Not Acceptable)							
	24TH ROAD			Citoti Addisos (i.e. Sex Addisos in Addisos)							
MIAMI FL	33129										
					City			FL	Zip Code	ļ	
	named entity submits this patement	or the pure	ose of changing its re	gistere	ed office or regist	tered ag	gent, or both, in the State of Florio	da. I am fai	niliar with, a	and accept	
the obligations of registered agent.											
SIGNATURE .	/ //	<u>/ </u>	(HOTT: /				2012/2017	DATE	(N)		
	Signature, typed or printed name of registered agen	nt and tipe if appli	icable. (NOTE:)	registered	d Agent signature requi	rea when re	einstating)	DAIL			
FILE NOW!!! FEE IS \$150.00							9. Election Campaign Finan			May Be	
After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State			•			:	Trust Fund Contribution.		Addeđ	to Fees	
10.	OFFICERS AND	D DIRECTOR	RS	11.		ΑĈ	DDITIONS/CHANGES TO OFFIC	ERS AND D	IRECTORS	IN 11	
TITLE	PD		☐ Delete Ti			.,,		ĺ	☐ Change	Addition	
NAME STREET ADDRESS	BRÂVO, BELKYS 600 SW 24TH ROAD			NAMI	E Et address						
CITY-ST-ZIP	MIAMI FL 33129				-ST-ZIP						
TITLE	TD		☐ Delete	TITLE	: `	•		(Change	Addition	
NAME	BARANDIARAN, NORA			NAM	E					(
STREET ADDRESS	600 SW 24TH ROAD				ET ADDRESS					ļ	
CITY-ST-ZIP	MIAMI FL 33129			I	-ST-ZIP				Change	☐ Addition	
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12. 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 10 or Block 11 if changed, or on an attachment an address, with all other like empor

SIGNATURE:

EMEQUINDE

Harandrahah

307 250-99 D Daytime Phone #