2/28/

FILED

7*13-4*77-571**8**

Davime Phone #

2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

Mar 15, 2001 8:00 am Secretary of State DOCUMENT # P0000094210 CORAL COVE DEVELOPMENT, INC. 02-28-2001 90040 028 ***150.00 Principal Place of Business Mailing Address 5800 GASPARILLA RD. #8-1 P.O. BOX 1 BOCA GRANDE FL 33921 PLACIDA FL 33946 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For Not Applicable Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GUNDERSON, MIKO P Street Address (P.O. Box Number is Not Acceptable) 1861 PLACIDA RD, STE 204 ENGLEWOOD FL 34223 City 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11, OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 CR2E034 (10/00) TITLE ☐ Delete TITLE ☐ Change ☐ Addition IGLESIA, ROBERTO J NAME NAME 5718 WESTHEIMER RD, STE 1806 STREET ADDRESS STREET ADDRESS **HOUSTON TX 77057** CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TIFLE ☐ Change ☐ Addition THORNTON, JACK NAME NAME 5718 WESTHEIMER RD, STE 1806 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **HOUSTON TX 77057** CITY-ST-ZIP TITLE Delete ☐ Change ☐ Addition ABELLO, CARLOS NAME NAME 5718 WESTHEIMER RD: STE-1806 STREET ADDRESS STREET ADDRESS **HOUSTON TX 77057** CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Detete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-S7-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.