2002 UNIFORM BUSINESS REPORT (UBR)

Jul 11, 2002 8:00 am Secrétary of State P00000101142 DOCUMENT # 1. Entity Name 07-11-2002 90243 007 ***550 00 CORAL CREEK MANAGEMENT, INC. Mailing Address Principal Place of Business B0128694 2500 WESTON RD. STE 105 2500 WESTON RD. STE 105 WESTON FL 33326 WESTON FL 33326 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State City & State 4. FEI Number Applied For 65-1074379 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent LEGAL INFORMATION SERVICES, INC. Street Address (P.O. Box Number is Not Acceptable) 1820 No Corporate Culte SIVI 1290 WESTON RD, STE 300 WESTON FL 33326 Zip Code 33326 8. The above named entity submits this starpment for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent SIGNATURE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After September 13, 2002 Fee will be \$750.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. President Change Addition TITI F TITLE □ Delete eman Rashgo RESTREPO, FERNAN NAME NAME 1920 N. Corporal 2500 WESTON RD, STE 105 STREET ADDRESS STREET ADDRESS WESTON FL 33326 CITY-ST-ZIP CITY-ST-ZIP Change TITLE TITLE □ Delete PEREZ, RICARDO NAME 1820 No Compound Lotal BUIS #304 2645 ECECUTIVE PARK DR STREET ADDRESS STREET ADDRESS WESTON FL 33331 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change TITLE TITLE □ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P TITLE Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS

CITY-ST-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 time empowered.

SIGNATURE:

CITY-ST-ZIP

Daytime Phone #

FILED

CRZE034 (4/02)