APR 30 2002 10:08AM

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Jun 19, 2002 8:00 am
Secretary of State
05-21-2002 91216 033 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000038694

1. Entity Name

CORRAL'S CONSERVICE INC

[redacted]

DO NOT WRITE IN THIS SPACE

93951

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2. Principal Place of Business	3. Mailing Address
343 SEVILLA AVE	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: CORAL GABLES, FL	City & State
Zip: 33134 Country: US	Zip Country

4. FEI Number: 65-1092400 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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7. Name and Address of Current Registered Agent:

Name: JOSE A. CORRAL

Street Address (P.O. Box Number is Not Acceptable): 343 SEVILLA AVE

City: CORAL GABLES FL Zip Code: 33134

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 _____ DATE

(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when mandatory)

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) X

10. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	PD
NAME	JOSE A. CORRAL
STREET ADDRESS	343 SEVILLA AVE
CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CR2E034B (12/01)

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 request 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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ Date

(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)