

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 06, 2002 8:00 am**  
**Secretary of State**

05-06-2002 90234 008 \*\*\*150.00

**DOCUMENT # P01000042904**  
 1. Entity Name  
**CORINDON CORP.**

Principal Place of Business      Mailing Address  
**36 NE 1ST ST., SUITE 253**      **36 NE 1ST ST., SUITE 253**  
**MIAMI FL 33132**      **MIAMI FL 33132**

2. Principal Place of Business      3. Mailing Address  
**36 NE 1ST ST**      **36 NE 1ST ST**  
 Suite, Apt., #, etc. **1050**      Suite, Apt., #, etc. **1050**  
 City & State: **MIAMI, FL**      City & State **MIAMI, FL**

Zip **33132**      Country **USA**      Zip **3**      Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-1125707**      Applied For  
 Not Applicable  
 5. Certificate of Status Desired  **\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**  
**ZUCCHET, PIERRE**  
**36 NE 1ST ST., SUITE 253**  
**MIAMI FL 33132**

**7. Name and Address of New Registered Agent**  
 Name **ZUCCHET, PIERRE**  
 Street Address (P.O. Box Number is Not Acceptable)  
**36 NE 1ST ST**  
**SUITE 1050**  
 City **MIAMI**      FL      Zip Code **33132**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

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

**11. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ZUCCHET, PIERRE 36 NE 1ST ST., SUITE 253 MIAMI FL 33132	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
	<b>36 NE 1ST ST, SUITE 1050</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS 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 fees empowered.

SIGNATURE: \_\_\_\_\_      **4/22/02 (305) 373-8166**  
Signature and typed or printed name of signing officer or director      Date      Daytime Phone #

CR2E034 (9/01)