

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 09, 2002 8:00 am**  
**Secretary of State**

05-09-2002 90078 041 \*\*\*150.00

**DOCUMENT # P01000057335**

1. Entity Name

**CORAL WEST INVESTMENT CORP.**

Principal Place of Business

**C/O WORK LEADER CORP.**

**5190 N.W. 167TH STREET, SUITE 204**

**MIAMI FL 33014**

Mailing Address

**C/O WORK LEADER CORP.**

**5190 N.W. 167TH STREET, SUITE 204**

**MIAMI FL 33014**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**5190 NW. 167 st. Suite 204**

3. Mailing Address

**3150 NE 212 st.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**S # 204**

City & State

**MIAMI, FL.**

City & State

**AVENTURA, FL.**

4. FEI Number

**01-0600275**

Applied For

Not Applicable

Zip

**33.014**

Country

**DADE**

Zip

**33180**

Country

**DADE**

5. Certificate of Status Desired ☐

**\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**LOURNIET, JUAN P ESQ.**

**1221 BRICKELL AVENUE, 24TH FLOOR**

**MIAMI FL 33131**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

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

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 **D** ☐ Delete  
NAME **WEINSTEIN, RICARDO**  
STREET ADDRESS **5190 N.W. 167TH STREET SUITE 204**  
CITY-ST-ZIP **MIAMI FL 33014**

TITLE **D** ☐ Delete  
NAME **DJMAL, RICARDO**  
STREET ADDRESS **5190 N.W. 167TH STREET SUITE 204**  
CITY-ST-ZIP **MIAMI FL 33014**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
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 like empowered.

SIGNATURE:

**RICARDO DJMAL (D)**

Date

Daytime Phone #

CR2E034 (9/01)