

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 14, 2002 8:00 am
Secretary of State

05-14-2002 90351 005 ***158.75

DOCUMENT # P01000085400

1. Entity Name

CORONA CONCEPTS CORP

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

12601 OLD CUTLER RD

Suite, Apt. #, etc.

3. Mailing Address

P.O. BOX 331429

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
CORAL GABLES, FL

City & State
COCONUT GROVE, FL

4. FEI Number

05-1119751

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

GESUS SAINZ de la MAZA

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

12601 OLD CUTLER ROAD

City

CORAL GABLES

FL

Zip Code

33156

**DO NOT WRITE
IN THIS SPACE**

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

GESUS SAINZ de la MAZA, Vice Pres.

(Signature, typed or printed name of registered agent and title if applicable.)

(NOTE: Registered Agent signature required when reinstating)

DATE

4/27/02

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.
(See criteria on back)

☒

January 1 - May 1 Fee is \$150.00

After May 1 Fee is \$550.00

Amended UBR is \$61.25

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

PRESIDENT
SHAWN T. SANDERS
3507 OKEECHOBEE LANE
FT. LAUDERDALE, FL 33312

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

V
GESUS SAINZ de la MAZA
12601 OLD CUTLER ROAD
CORAL GABLES, FL 33156

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

SIGNATURE:

GESUS SAINZ de la MAZA, Vice Pres.

(Signature and typed or printed name of signing officer or director)

4/27/02

Date

305.495.6292

Daytime Phone #

CR2E034B (12/01)