2001 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other

SIGNATURE:

Tike empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED Mar 28, 2001 8:00 am DOCUMENT # **P94000019100** Secretary of State CORO COMP INC. 03-28-2001 90195 012 ***150.00 Principal Place of Business Mailing Address 7360 CORAL WAY 7360 CORAL WAY v v U SUITE 21 SHITE 21 MIAMI FL 33155 MIAMI FL 33155 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0475421 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CORONADO, RAMONA Street Address (P.O. Box Number is Not Acceptable) 7360 CORAL WAY SUITE 21 MIAMI FL 33155 City 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Yax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See critería on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 115 DVPS CR2E034 (10/00) Change TITLE ☐ Delete TITLE CORONADO, RAMONA RAMONA CORONADO NAME NAME 7360 CORAL WAY, STE. 21 STREET ADDRESS 7360 CORAL WAY STE 21 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL MIAMI, FLORIDA_33155 DP. ☐ Change ▼ Addition TITLE TITLE Delete MIČHAEL N. CORQNADO 7360 CORAL WAY STE 21 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7iP CITY-ST-7IP MIAMI, FLORIDA 33155 Change ☐ Addition TITLE TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE, Delete TITLE Change ☐ Addition NAMÉ NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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