

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

**FILED**  
**Sep 11, 2002 8:00 am**  
**Secretary of State**

09-11-2002 90064 045 \*\*\*550.00

DOCUMENT # P94000080426

1. Entity Name

CORAL WAY PARTNERS, INC.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
8220 SW 52 AVENUE

Suite, Apt. #, etc.

3. Mailing Address  
1240 NW 52 WAY

Suite, Apt. #, etc.

City & State  
MIAMI FL

City & State  
DEERFIELD BEACH FL

Zip  
33143

Country  
US

Zip  
33442

Country  
US

4. FEI Number  
65-0534829

Applied For

Not Applicable

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

7. Name and Address of Current Registered Agent

Name  
PAIGE, ROBERT E ESQ

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

2151 LE JEUNE RD SUITE 309-A

City  
CORAL GABLES

FL

Zip Code  
33134

**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

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

(NOTE: Registered Agent signature required when resigning)

DATE

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

Director - COLSKY, ARTHUR S  
8220 SW 52 AVENUE  
MIAMI, FL 33143

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

Director - COLSKY, ANDREW E  
8220 SW 52 AVENUE  
MIAMI, FL 33143

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

Director - COLSKY, OZER L  
8220 SW 52 AVENUE  
MIAMI, FL 33143

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

Director - COLSKY, RENA  
9120 SW 85 TERRACE  
MIAMI, FL 33173

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

Director - COLSKY, BARBARA  
9120 SW 85 TERRACE  
MIAMI, FL 33173

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

Director - COLSKY, JONATHAN  
9120 SW 85 TERRACE  
MIAMI, FL 33173

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**DO NOT WRITE  
IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 empowerment.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

September 6, 2002 305-665-2493  
Date Daytime Phone #

CR2E034B (12/01)