

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000028285

1. Entity Name

COULTER INTERNATIONAL CORP.

Principal Place of Business

Mailing Address

11800 S.W. 147TH AVE.
MIAMI FL 33196-2500

11800 S.W. 147TH AVE.
MIAMI FL 33196-2500

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0609339

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION FL 33324

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's signature required when re-registering)

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY- ST- ZIP	P VIVANCO, EDGAR 4500 NW 99TH ST, 106 MIAMI FL 33178	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	T GLYER, PAUL 2121 TREERIDGE CIR BREA CA 92621	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	S KURZ, WARREN 11800 S.W. 147TH AVENUE MIAMI FL 33196-2500	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VP BABCOCK, EUGENE 431 PURDY AVE PLACENTIA CA 92870	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VPAS MAY, WILLIAM H 10871 FURLONG DR SANTA ANA CA 92705	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D GLOVER, JAMES T 318 SIGNAL RD NEWPORT BEACH CA 92663	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
AT COONAN, RICHARD P. 11800 SW 147TH AVE. MIAMI, FL, 33196	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
AS ALTER, M. LUKE 11800 SW 147TH AVE. MIAMI, FL 33196	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<input type="checkbox"/> Change <input type="checkbox"/> Addition	
VP & S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
VP & T	<input checked="" 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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/01 (305) 380-2088

Date

Daytime Phone #

0501269

CR2E034 (10/00)