

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 27, 2002 8:00 am
Secretary of State
03-27-2002 90030 049 ***150.00

0300623 AV

DOCUMENT # P95000028285

1. Entity Name
COULTER INTERNATIONAL CORP.

Principal Place of Business
11800 S.W. 147TH AVE.
MIAMI FL 33196-2500

Mailing Address
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

4. FEI Number **65-0609339**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

DO NOT WRITE IN THIS SPACE

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
NRAI Services, Inc.
Street Address (P.O. Box Number is Not Acceptable)
526 E. Park Avenue
City **Tallahassee** **FL** Zip Code **32301**

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  **Charles Baclet, VP** **March 14, 2002**
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **VIVANCO, EDGAR**
STREET ADDRESS **4500 NW 99TH ST, 106**
CITY-ST-ZIP **MIAMI FL 33178**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **4300 N. Harbor Boulevard**
CITY-ST-ZIP **Fullerton, CA 92835**

TITLE **AT** ☐ Delete
NAME **COONAN, RICHARD P**
STREET ADDRESS **11800 SW 147TH AVE**
CITY-ST-ZIP **MIAMI FL 33196**

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

TITLE **AS** ☐ Delete
NAME **ALTER, M. LUKE**
STREET ADDRESS **11800 S.W. 147TH AVENUE**
CITY-ST-ZIP **MIAMI FL 33196**

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

TITLE **VPS** ☐ Delete
NAME **MAY, WILLIAM H**
STREET ADDRESS **10871 FURLONG DR**
CITY-ST-ZIP **SANTA ANA CA 92705**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **4300 N. Harbor Boulevard**
CITY-ST-ZIP **Fullerton, CA 92835**

TITLE **VPT** ☐ Delete
NAME **GLOVER, JAMES T**
STREET ADDRESS **318 SIGNAL RD**
CITY-ST-ZIP **NEWPORT BEACH CA 92663**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **4300 N. Harbor Boulevard**
CITY-ST-ZIP **Fullerton, CA 92835**

TITLE ☐ Delete
NAME
STREET ADDRESS
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: 

3/7/2002 (305) 380-2088

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
M. LUKE ALTER, ASSISTANT SECRETARY

Date Daytime Phone #

CR2E034 (9/01)