

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000026091

1. Entity Name

CORAL INSURANCE CONSULTANTS, INC.

**FILED**  
**May 05, 2000 8:00 am**  
**Secretary of State**

05-05-2000 90048 015 \*\*\*150.00

Principal Place of Business Mailing Address  
7770 WEST OAKLAND PARK BOULEVARD 7770 WEST OAKLAND PARK BOULEVARD  
SUNRISE FL 33351 SUNRISE FL 33351-6750

2. Principal Place of Business 3. Mailing Address  
2 SOUTH UNIVERSITY DR 2 SOUTH UNIVERSITY DR  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
SUITE 265 SUITE 265

City & State City & State  
PLANTATION FL PLANTATION FL  
Zip Zip  
33324 33324



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0832627 Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

SANTUCCIO, FLORENCE  
7770 WEST OAKLAND PARK BOULEVARD  
SUNRISE FL 33351

## 7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
2 SOUTH UNIVERSITY DRIVE  
SUITE 265  
City PLANTATION FL Zip Code 33324

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 \_\_\_\_\_ (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, 2000 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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	D SANTUCCIO, FLORENCE	7770 WEST OAKLAND PARK BOULEVARD	SUNRISE FL 33351	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
	D SANTUCCIO, FLORENCE	2 SOUTH UNIVERSITY DRIVE SUITE 265	PLANTATION, FL 33324	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

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: Florence Santuccio  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/00 954 747 6920  
Date Daytime Phone #

Florence Santuccio Director

CR2E034 (9/99)