2000 UNIFORM BUSINESS REPORT (UBR)

FILED Jan 18, 2000 8:00 am DOCUMENT # **P96000077087** Secretary of State CORAL SERVICES INTERNATIONAL, INC. 01-18-2000 90105 021 ***150.00 Mailing Address Principal Place of Business 2400 E. LAS OLAS BLVD. 2400 E. LAS OLAS BLVD. SUITE 104 SHITE 104 FT. LAUDERDALE FL 33301-1529 FT. LAUDERDALE FL 33301 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt..#, etc. Applied For City & State 4. FEI Number City & State 65-0702561 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name STRAKER, SUSAN J Street Address (P.O. Box Number is Not Acceptable) 1200 EAST LAKE DRIVE FT. LAUDERDALE FL 33316 1 (2) Zip Code City FL 进行控制 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)FILE NOW!!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 Máy Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. ☐ Addition ☐ Delete Change TITLE TITLE STRAKER, SUSAN J NAME NAME STREET ADDRESS STREET ADDRESS 1200 EAST LAKE DRIVE CITY-ST-ZIP CITY-ST-ZIP FT LAUDERDALE FL Change Addition TITLE Delete VIRTUE, ROBERT W NAME NAME STREET ADDRESS STREET ADDRESS .1200 EAST LAKE DRIVE CITY-ST-ZIP CITY-ST-ZIP FT LAUDERDALE FL Change ☐ Addition TITLE ☐ Defete TITLE STRAKER, SUSAN J NAME STREET ADDRESS 1200 EAST LAKE DRIVE STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP FT LAUDERDALE FL Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Addition [Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP -CITY-ST-ZIP ☐ Addition Change ÉTITLEE []a ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. I hereby certify that the information supplied with this filling 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