

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000077087

1. Entity Name

CORAL SERVICES INTERNATIONAL, INC.

Principal Place of Business

Mailing Address

2400 E. LAS OLAS BLVD.
SUITE 104
FT. LAUDERDALE FL 33301

2400 E. LAS OLAS BLVD.
SUITE 104
FT. LAUDERDALE FL 33301

2. Principal Place of Business

4000 Hollywood Blvd

3. Mailing Address

4000 Hollywood Blvd

Suite, Apt. #, etc.

SUITE 230 N-LAUB

Suite, Apt. #, etc.

SUITE 230 N-LAUB

City & State

Hollywood, FL

City & State

Hollywood, FL

Zip

33021

Country

USA

Zip

33021

Country

USA

6. Name and Address of Current Registered Agent

STRAKER, SUSAN J
1200 EAST LAKE DRIVE
FT. LAUDERDALE FL 33316

7. Name and Address of New Registered Agent

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

S. Straker

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Jan 14 01

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so ☐

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

TITLE P
NAME STRAKER, SUSAN J
STREET ADDRESS 1200 EAST LAKE DRIVE
CITY-ST-ZIP FT LAUDERDALE FL ☐ Delete

TITLE VP
NAME VIRTUE, ROBERT W
STREET ADDRESS 1200 EAST LAKE DRIVE
CITY-ST-ZIP FT LAUDERDALE FL ☐ Delete

TITLE T
NAME STRAKER, SUSAN J
STREET ADDRESS 1200 EAST LAKE DRIVE
CITY-ST-ZIP FT LAUDERDALE FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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

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

STRAKER, SUSAN

Date

Jan 14 '01

Daytime Phone #

954-232-0869

FILED
Jan 22, 2001 8:00 am
Secretary of State

01-22-2001 90135 004 ***163.71

606247



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0702561

Applied For
Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

CR2E034 (10/00)

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