

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **P96000077087**

1. Entity Name
CORAL SERVICES INTERNATIONAL, INC.



Principal Place of Business
**4000 HOLLYWOOD BLVD
SUITE 6255 LAUB
HOLLYWOOD FL 33021**

Mailing Address
**4000 HOLLYWOOD BLVD
SUITE 6255 LAUB
HOLLYWOOD FL 33021**

2. Principal Place of Business **3. Mailing Address**

Suite, Apt. #, etc. **Suite, Apt. #, etc.**

City & State **City & State**

Zip **Country**

Zip **Country**

4. FEI Number **65-0702561** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**STRAKER, SUSAN J
400 HOLLYWOOD BLVD
SUITE 625 S- LAUB
HOLLYWOOD FL 33021**

Name

Street Address (P.O. Box Number is Not Acceptable)
4000 Hollywood Blvd

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

4/18/03

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

**PT
STRAKER, SUSAN J
4000 HOLLYWOOD BLVD., SUITE 625 S
HOLLYWOOD FL 33021**

Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

Change Addition

**VP
VIRTUE, ROBERT W
1200 EAST LAKE DRIVE
FT LAUDERDALE FL**

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**T
STRAKER, SUSAN J
1200 EAST LAKE DRIVE
FT LAUDERDALE FL**

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SICK

REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/03 (954) 893-1732

Date

Daytime Phone #