2001 UNIFORM BUSINESS REPORT (UBR)

Apr 13, 2001 8:00 am Secretary of State DOCUMENT # P9600009155.1 1. Entity Name CORAL REEF BEAUTIES INVESTMENT INC. 04-13-2001 90093 035 ***150.00 Principal Place of Business Mailing Address 19301 E. OAKMONT DRIVE 19301 E. OAKMONT DRIVE HIALEAH FL 33015 HIALEAH FL 33015 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0719487 Not Applicable Country Country -Zip- ------≕Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name JURADO, JOSE A JR. Street Address (P.O. Box Number is Not Acceptable) 19301 E. OAKMONT DRIVE HIALEAH FL 33015 City Zip Code FL 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 DATE (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 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change ☐ Addition ☐ Delete TITLE TITLE JURADO, JOSE A JR. NAME NAME STREET ADDRESS 19301 E. OAKMONT DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HIALEAH FL 33015 ☐ Change ☐ Addition TITLE ☐ Delete NAME FERNANDEZ, JOSE NAME STREET ADDRESS 19301 E. OAKMONT DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HIALEAHL FL 33015 Change ☐ Addition ☐ Delete TITI F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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

Jose A JURADO

URE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mos.

changed, or on an attachment with an address with all other like empowered.

SIGNATURE

305 - 592 · 824<u>:</u>

Daytime Phone