## **2000 UNIFORM BUSINESS REPORT (UBR)**

SIGNATURE:

## FILED DOCUMENT # P97000007613 May 17, 2000 8:00 am **Secretary of State** CORONADO 100 REALTY, INC. 05-17-2000 90974 008 \*\*\*150.00 Principal Place of Business Mailing Address 484 MANDALAY AVE. 484 MANDALAY AVE. SUITE #2 SHITE #2 CLEARWATER BEACH FL 33767-2073 CLEARWATER BEACH FL 33767 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3509474 Not Applicable **\$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 MORATIS, STELLA Street Address (P.O. Box Number is Not Acceptable) 2962 SWEETGUM WAY S CLEARWATER FL 33761 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 DATE 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 May Be ~After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. ☐ Addition TITLE ☐ Change TITLE ☐ Delete NAME NAME MORAITIS, STELLA STREET ADDRESS STREET ADDRESS 2962 SWEETGUM WAY SOUTH CITY-ST-ZIP CITY-ST-ZIP CLEARWATER FL 34621 ろう76 ☐ Addition ☐ Change TITLE TITLE. Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP -- 🔲 Addition -□ Dēléte TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP -CITY-ST-ZIP ☐ Addition Change TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP □ Change Delete TITLE Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS 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