

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000062944

1. Entity Name

CORAL TECH, INC.

Principal Place of Business

1512 S.W. 3RD ST.  
POMPANO BEACH FL 33069

Mailing Address

1512 S.W. 3RD ST.  
POMPANO BEACH FL 33069

2. Principal Place of Business

6600 NW 12 AVE

3. Mailing Address

6600 NW 12 AVE

Suite, Apt. #, etc.

201

Suite, Apt. #, etc.

201

City & State

FT. LAUDERDALE FL

City & State

FT. LAUDERDALE FL

Zip

33309

Country

USA

Zip

33309

Country

USA

6. Name and Address of Current Registered Agent

GOLDSTONE, RICHARD  
2301 WEST SAMPLE RD.  
BLDG. 3 SUITE 3A  
POMPANO BEACH FL 33073

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ (See criteria on back)

**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 ☐ Delete  
NAME **DPS BOCHSBAUM, THERESA**  
STREET ADDRESS **6206 ORCHARD TREE LN.**  
CITY-ST-ZIP **TAMARAC FL 33319**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
NAME **DPS BOCHSBAUM, THERESA**  
STREET ADDRESS **6206 ORCHARD TREE LN**  
CITY-ST-ZIP **TAMARAC FL 33319**

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

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

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

Date

Daytime Phone #

**FILED**  
**Jan 16, 2001 8:00 am**  
**Secretary of State**

01-16-2001 90001 018 \*\*\*150.00

001383



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)