

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000073374

1. Entity Name

CORAL DISCOUNT INSURANCE, INC.

Principal Place of Business

1030 EAST 8TH COURT
HIALEAH FL 33010

Mailing Address

1520 N 70TH TERR
HOLLYWOOD FL 33024
US

2. Principal Place of Business

7154 Pembroke Road

Suite, Apt. #, etc.

City & State
Pembroke Pines, FL

Zip
33023

Country
USA

3. Mailing Address

7154 Pembroke Road

Suite, Apt. #, etc.

City & State
Pembroke Pines, FL

Zip
33023

Country
USA

6. Name and Address of Current Registered Agent

MONTE DE OCA, ISMAEL
1030 EAST 8TH COURT
HIALEAH FL 33010

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 \$550.00

After SEPTEMBER 13, 2000 Min. will be \$750.00

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 PD
NAME MONTE DE OCA, ISMAEL
STREET ADDRESS 1030 EAST 8TH COURT
CITY-ST-ZIP HIALEAH FL 33010 ☐ Delete

TITLE STD
NAME MONTE DE OCA, GLENYS G
STREET ADDRESS 1030 EAST 8TH COURT
CITY-ST-ZIP HIALEAH FL 33010 ☒ 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

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
8000003343288--3
-08/02/00--01016--015
****150.00 ****150.00

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
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
SP/m

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 #

APPROVED

FILED

page 1 of 2

JUL 17 PM 3:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

CR2E034 (5/00)

July 11, 2000

Florida Secretary of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

To Whom It May Concern:

My name is Paul Franson and I am the accountant for Coral Discount Insurance, Inc. (65-0825018). The owner, Ismael Monte De Oca recently informed me that he received the 2000 Uniform Business Report (UBR) that required a \$550 reinstatement fee. Please note the change of address. I do not believe that Mr. Monte De Oca received the first UBR. I will make sure that the UBR is filed on a timely basis in the future. We would respectfully request an abatement of the penalties. Please find enclosed a check for \$150.

If I can provide any further information, please contact me at 954-450-9906, Pembroke Pines Professional Centre, Pembroke Pines, FL 33024.

Sincerely,


Paul Franson, CPA, MBA