

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 17, 2002 8:00 am**  
**Secretary of State**

02-17-2002 90002 015 \*\*\*158.75

**DOCUMENT # P98000016284**

1. Entity Name  
**CORAL INSURANCE ASSOCIATES, INC.**

Principal Place of Business  
**2400 E. LAS OLAS BLVD., STE. 104**  
**FT. LAUDERDALE FL 33301**

Mailing Address  
**2400 E. LAS OLAS BLVD., STE. 104**  
**FT. LAUDERDALE FL 33301**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**4000 Hollywood Blvd**  
 Suite, Apt. #, etc.  
**SUITE 625 S**  
 City & State  
**Hollywood, FL**  
 Zip  
**33021** Country  
**FLORIDA**

3. Mailing Address  
**4000 Hollywood Blvd-LAUB**  
 Suite, Apt. #, etc.  
**SUITE 625 S**  
 City & State  
**Hollywood, FL**  
 Zip  
**33021** Country  
**FLORIDA**

4. FEI Number **65-0815018** Applied For  
 Not Applicable

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

**6. Name and Address of Current Registered Agent**

**STRAKER, SUSAN**  
**2400 E. LAS OLAS BLVD., STE. 104**  
**FT. LAUDERDALE FL 33301**

**7. Name and Address of New Registered Agent**

Name  
**STRAKER-VIRTUE, SUSAN**  
 Street Address (P.O. Box Number is Not Acceptable)  
**4000 Hollywood Blvd-LAUB**  
**SUITE 625 S**  
 City **Hollywood** **FL** Zip Code **33021**

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 *Susan Straker-Virtue* 1/30/02  
 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, 2002 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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
P	STRAKER, SUSAN	2400 E. LAS OLAS BLVD., STE. 104	FT. LAUDERDALE FL 33301	
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
PRESIDENT	STRAKER-VIRTUE, SUSAN	4000 HOLLYWOOD BLVD-LAUB, SUITE 625 S	Hollywood, FL, 33021	
				<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Susan Straker-Virtue*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/30/02 (954) 893.1732  
 Date Daytime Phone #

CR2E034 (9/01)