**FILED** 

## 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000016287  1. Entity Name CORAL HOLDING ENTERPRISES, INC.					Feb 17, 2002 8:00 am Secretary of State 02-17-2002 90002 014 ***158.75		
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  FT. LAUDERDALE FL 33301					1 188 K TA	TINI ABU 1900 HAD AUT AND	
2. Principal Place of Business HOOD Hollywood Blvd, LAMB Suite, Apt. #, etc.  Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE			
Suite, Apt. #, etc.  SUITE 625 S  City & State  Wolfy wood  Suite, Apt. #, etc.  SUITE 62.  Suite, Apt. #, etc.  Suite, Apt. #, etc.			5 N		El Number 65-081470	l1 <del>  -</del>	oplied For
330	21 BROWARI)	33021 2	ROWAR	<i>i</i> ) 5. (	Certificate of Status Desired	\$8.75 Adv	ditional
	6. Name and Address of Current Re	egistered Agent	Name	7. 1	lame and Address of New	Registered Agent	
STRAKER, SUSAN 2400 E. LAS OLAS BLVD., STE. 104				eet Address (P.O. Box Number is Not Acceptable) OOO Holly wood BLVd - LAUB			
FT. LAUDERDALE FL` 33301				ollywood FL 3302)			e )
8. The above	named entity submits this statement for the stat	der Vertu	stered office or r		4/3	Florida. 80 / 0 2- DATE	
Tax filing requirement and elects to do so. After May 1, 2002			FEE IS \$150.00 Fee will be \$550.00 to Department of State		10. Election Campaign Trust Fund Contribu	tion. Added	May Be
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P STRAKER, SUSAN 2400 E. LAS OLAS BLVD., STE. 10 FT. LAUDERDALE FL 33301	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES	DITIONS/CHANGES TO CO IDENT LER-VIRTUES SU VOLLY WOOD B WOOD, FL. 3	SAN A Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PI. DAUDENDALE I E 33301	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	HOLLY		☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		_ 5	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		_ 55,83	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition
indicated	certify that the information supplied with the or this report or supplemental report is to reportation or the receiver or trustee empower, or on an attachment with an address, wi	rue and accurate and that my sig	gnature shall ha	ive the same	legal effect as if made und	er oath; that I am an officer	r or director – )

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR