

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90237 005 ***150.00

DOCUMENT # P98000071176
1. Entity Name INTERNATIONAL CORAL COMPANY

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 1125 NW 69TH AVENUE Suite, Apt. #, etc.	3. Mailing Address 1125 NW 69TH AVENUE Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State MARGATE, FL	City & State MARGATE, FL	4. FEI Number 65-0865206	Applied For <input type="checkbox"/> Not Applicable
Zip 33063	Country	Zip 33063	Country
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name
JOSEPH MARCHESE
Street Address (P.O. Box Number is Not Acceptable)
1125 NW 69TH AVENUE
City
MARGATE **FL** **Zip Code**
33063

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

JOSEPH MARCHESE - PRES

4-29-03

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PRES NAME JOSEPH MARCHESE STREET ADDRESS 1125 NW 69TH AVENUE CITY - ST - ZIP MARGATE, FL 33063	TITLE NAME STREET ADDRESS CITY - ST - ZIP
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12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

JOS MARCHESE -- PRES 4-29-03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #