

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED

02 DEC 26 AM 9:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000081820

1. Entity Name

CONSOL ENTERPRISES, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3810 Hollywood Blvd

Suite, Apt. #, etc.

3. Mailing Address

9010 S.W. 137 Ave

Suite, Apt. #, etc.

No. 113

City & State

Hollywood Fl.,

City & State

Miami, Fl.

4. FEI Number

65-0868252

Applied For

Not Applicable

Zip

33021

Country

USA

Zip

33186

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

LAURA SOLIS

Street Address (P.O. Box Number is Not Acceptable)

3725 S Ocean Dr # 1501

City

Hollywood

FL

Zip Code

33019

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)

12/10/02

DATE

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

**January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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
P
LAURA SOLIS
3725 S Ocean Dr # 1501
Hollywood, Fl., 33019

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
400009488324
12/26/02--01033--012 **300.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
JORGE H. JARAMILLO
615 Cascade Fall DR
Weston, Fl., 33327

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
400009488324
12/12/02--01058--005 **150.00

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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 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 #

CR2E034B (12/01)

German Pena, P.A.
Tax Advisor

December 9th, 2002

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
REINSTATE DEPARTMENT
P.O. BOS 6327
TALLAHASSEE, FL., 32314

Gentlemen:

Please, use this letter as a request to wave reinstatement fees for the followings
Corporations:

BLUE AIR, INC. *OK*

CORAL TRADING COMPANY *OK*

CONSOL ENTERPRISES, INC. *✓*

Document # P98000053122

Document # H00000027917

Document # P09000081820 ✓

These two corporations forms were completed and sent at the end of April 2002, with the check for the annual fee. The checks nor the forms were received/returned, probably because the change of address.

As per our today's telephone conversation, attached to the present note you will find a check for the amount of \$ ~~300.00~~ ¹⁰⁰ to cover the annual fee for each corporation.

The mailing address for these corporations will be:

9010 S.W. 137th Avenue
Suite 113
Miami, Fl., 33186

Any questions regarding this matter do not hesitate to contact us.

Sincerely,


GERMAN PENA

Director