

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000085605

1. Entity Name

CORAL WAY OIL CORP.

FILED
Feb 21, 2001 8:00 am
Secretary of State

02-21-2001 90018 038 ***150.00

Principal Place of Business
7311 SOUTHWEST 41ST STREET
MIAMI FL 33155

Mailing Address
7311 SOUTHWEST 41ST STREET
MIAMI FL 33155

00019165



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

13507 SW 137th Ave
Suite, Apt. #, etc.

13507 SW 137th Ave.
Suite, Apt. #, etc.

City & State

Miami FL

City & State

Miami FL

4. FEI Number 65-0867115

Applied For
Not Applicable

Zip

33186

Country

USA

Zip

33186

Country

USA

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

6. Name and Address of Current Registered Agent

GALLARDO, JOSE
7311 SOUTHWEST 41ST STREET
MIAMI FL 33155

7. Name and Address of New Registered Agent

Name Gallardo, JOSE

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

13507 SW 137th Avenue

City miami

FL

Zip Code

33186

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

2/14/01

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, 2001 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 D
NAME GALLARDO, JOSE
STREET ADDRESS 7311 SOUTHWEST 41ST STREET
CITY-ST-ZIP MIAMI FL 33155 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ASD
NAME Gallardo, JOSE
STREET ADDRESS 13507 SW 137th Avenue
CITY-ST-ZIP miami, FL 33186 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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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

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

2/14/01 305 232 2080
Date Daytime Phone #

CR2E034 (10/00)

0234147