

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000103902

1. Entity Name
CORA OIL, INC.

FILED
May 14, 2001 8:00 am
Secretary of State

05-14-2001 90013 002 ***150.00

Principal Place of Business
15200 BISCAYNE BLVD.
NORTH MIAMI BEACH FL 33160

Mailing Address
15200 BISCAYNE BLVD.
NORTH MIAMI BEACH FL 33160



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0881548

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WASERSTEIN, RICHARD ESQ.
913 NORMANDY DRIVE
MIAMI BEACH FL 33141

Name

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

City

FL

Zip Code

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD DAVID HANFLING 16241 BISCAYNE BLVD. N. MIAMI BEACH FL 33160	Delete <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VID SUTTON, SIMON 16241 BISCAYNE BLVD. NORTH MIAMI BEACH FL 33160	Delete <input checked="" type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY SYLVIA PERLA HANFLING 15200 BISCAYNE BLVD. NORTH MIAMI BEACH, FL 33160	Delete <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER MARIA CRISTINA CASTIBLANCO 15200 BISCAYNE BLVD. NORTH MIAMI BEACH, FL 33160	Delete <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete <input type="checkbox"/>

TITLE NAME STREET ADDRESS CITY-ST-ZIP	15200 BISCAYNE BLVD. N. MIAMI BEACH FL 33160	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	15200 Biscayne Blvd. North Miami Beach, FL. 33160	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY SYLVIA PERLA HANFLING 15200 BISCAYNE BLVD. NORTH MIAMI BEACH, FL 33160	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER MARIA CRISTINA CASTIBLANCO 15200 BISCAYNE BLVD. NORTH MIAMI BEACH, FL 33160	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change <input type="checkbox"/> Addition <input type="checkbox"/>

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, trustee, or other person 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

DAVID HANFLING FEB. 12/01 (305) 948-8585

Date

Daytime Phone #

CR2E034 (10/00)