

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000107261

1. Entity Name

CORAL TRUCKING CO.

FILED
May 09, 2000 8:00 am
Secretary of State

05-09-2000 90109 014 ***150.00

Principal Place of Business

10302 NW SOUTH RIVER DRIVE
SUITE 3
MEDLEY FL 33178

Mailing Address

10302 NW SOUTH RIVER DRIVE
SUITE 3
MEDLEY FL 33166-6649

2. Principal Place of Business

✓ 8181 NW 36 ST

3. Mailing Address

✓ 8181 NW 36 ST

Suite, Apt. #, etc.

Suite 1902

Suite, Apt. #, etc.

Suite #1902

City & State

MIAMI FL

City & State

MIAMI FL

Zip

33166

Country

Zip

33166

Country

4. FEI Number

65-0889468

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PHIPPS, COLIN
10302 NW SOUTH RIVER DRIVE
SUITE 3
MEDLEY FL 33178

7. Name and Address of New Registered Agent

Name

JOSE A. Allende

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

8181 NW 36 ST

Suite, Apt. #, etc.

Suite 1902

City

MIAMI

FL

Zip Code

33166

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.

JOSE A. Allende - R-VP.

DATE

4/27/00

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, 2000 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
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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☐ Change

☐ Addition

TITLE
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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

Date

Daytime Phone #

CR2E034 (9/99)