

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 10, 2003 8:00 am
Secretary of State

02-10-2003 90179 015 ***150.00

DOCUMENT # P99000025918

1. Entity Name
CORAL FISH, INC.



Principal Place of Business
**2588 SW 27TH AVE.
MIAMI FL 33133**

Mailing Address
**2588 SW 27TH AVE.
MIAMI FL 33133**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

65-0906714
65-0909714

Applied For

Not Applicable

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

**ZEA, HUMBERTO
2588 SW 27TH AVE.
MIAMI FL 33172**

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

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PSD
ZEA, HUMBERTO
2588 SW 27TH AVE.
MIAMI FL 33133** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
TORRES, LUZ MARJORIE
2588 SW 27TH AVE.
MIAMI FL 33133** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Humberto Zea
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/11/03
Date

786-282-7008
Daytime Phone #

CR2E034 (10/02)

Department of the Treasury
Internal Revenue Service

CINCINNATI, OH 45999

In reply refer to: 0223843293
June 19, 2002 LTR 147C
65-0906714 000000 00 000

01104

Attachment

09 0000 259/8

COPY

80025086

CORAL FISH INC
2588 SW 27TH AVE
MIAMI FL 33133-2143881

Employer Identification Number: 65-0906714
IRS Control Number:

Dear Taxpayer:

We received your Form 1120, US Corporation Income Tax Return for the period ending December 31, 1999 with an incorrect employer identification number (EIN) of 65-0909714. According to our records, you were assigned EIN 65-0906714. Please update your records and be sure to include this EIN on all your tax returns, payments or correspondence regarding this account.

If you wish to send the information by fax, our fax number is 859-669-2805. Please include a cover sheet containing the following information:

Date: _____
Attention: _____
Name: Teresa Alexander
Control number: 0223843293
Phone number: 859-669-2594

Your name: _____
Your Taxpayer Identification Number: _____
(Social Security Number/Employer Identification Number)
Tax Period: _____
Number of pages of faxed material: _____

If you have any questions, please call our Customer Service area at 1-800-829-8815 between the hours of 4:30 p.m. and 10:00 p.m. EDT. If you prefer, you may write to us at the address shown at the top of the first page of this letter.

Whenever you write, please include this letter and, in the spaces below, give us your telephone number with the hours we can reach you. Also, you may want to keep a copy of this letter for your records.

Telephone Number () _____ Hours _____