FILED

2001 UNIFORM BUSINESS REPORT (UBR)

Feb 08, 2001 8:00 am Secretary of State DOCUMENT # **P99000043163** CORAL REALTY CORP. 02-08-2001 90157 003 ***150.00 Principal Place of Business Mailing Address 8192 SPYGLASS DR. 8192 SPYGLASS DR. WEST PALM BEACH FL 33412 WEST PALM BEACH FL 33412 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number APPLIED FOR 65-0994172 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name **BOYCE-ZINER, PHYLLIS** Street Address (P.O. Box Number is Not Acceptable) 8192 SPYGLASS DR. WEST PALM BEACH FL 33412 Zip Code FL 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. TITLE ☐ Delete Change ☐ Addition TITLE ZINER, BARNEY NAME NAME STREET ADDRESS A15 PRESCOTT VILLAGE-STREET ADDRESS 3104 TARPON DRIVE CITY-ST-ZIP CITY-ST-ZIP DEERFIELD BEACH EL VAI VAGAI, NV 85120 TITLE ☐ Delete ☐ Addition ZINER, RONDA A NAME NAME STREET ADDRESS 4401 DEERFIELD CIRCLE STREET ADDRESS CITY-ST-ZIP PEABODY MA 01960 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME ZINER, JONATHAN NAME STREET ADDRESS 49 RESERVOIR DR. STREET ADDRESS CITY-ST-ZIP DANVERS MA CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 Block 12 if changed, or on an attachment with an address, with her like empowered. Kund AZINEr

SIGNATURE:

SIGNATURE AND TYPED OR PRIN NAME OF SIGNING OFFICER OR DIRECTOR