

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 13, 2003 8:00 am
Secretary of State

01-13-2003 90070 013 ***155.00

DOCUMENT # P99000047885

1. Entity Name

CORAL INVESTMENTS & ASSOCIATES, INC.



Principal Place of Business

**4757 S.W. 8TH STREET
MIAMI FL 33124**

Mailing Address

**4757 S.W. 8TH STREET
MIAMI FL 33124**

2. Principal Place of Business

11880. SW. 40 ST.

Suite, Apt. #, etc.

410

City & State

MIAMI FL

3. Mailing Address

11880. SW. 40 ST.

Suite, Apt. #, etc.

410

City & State

MIAMI FL

Zip

Country

33175

Zip

Country

33175

6. Name and Address of Current Registered Agent

LOPEZ, MAURICIO

**4757 S.W. 8TH STREET
MIAMI FL 33134**

7. Name and Address of New Registered Agent

Name

LOPEZ MAURICIO.

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

11880. SW. 40 ST SUIT 410

City

MIAMI

FL

Zip Code

33175

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	LOPEZ, MAURICIO	
STREET ADDRESS	4757 SW 8TH STREET	
CITY-ST-ZIP	MIAMI FL 33134	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/08/03. 305-2253161.

Date

Daytime Phone #

CR2E034 (10/02)