

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 19, 2002 8:00 am
Secretary of State

03-19-2002 90035 010 ***158.75

DOCUMENT # P99000053209

1. Entity Name

Coral Artisans of Key West Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

22828 Overseas Highway

Suite, Apt. #, etc.

3. Mailing Address

22828 Overseas Hwy.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Cudjoe Key FL.

City & State

Cudjoe Key FL.

4. FEI Number

65-0928250

Applied For

Not Applicable

Zip

33042

Country

MONROE

Zip

33042

Country

Monroe

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Vincent Pessolano

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

17214 Labrisa Lane

City

Sugarloaf Key

FL

Zip Code

33042

**DO NOT WRITE
IN THIS SPACE**

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.

Vincent Pessolano President

3-5-02

(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)

☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
President
Vincent Pessolano
17214 Labrisa Ln.
Sugarloaf Key FL 33042

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Vice President
Jacqueline Pessolano
17214 Labrisa Ln.
Sugarloaf Key FL 33042

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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 on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Vincent Pessolano

3-5-02

Date

Daytime Phone #

(305)744-0089

CR2E034B (12/01)