2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 01, 2001 8:00 am
Secretary of State
03-01-2001 90486 001 ***100.00
03-01-2001 90486 002 ****50.00

02908 [redacted]

DO NOT WRITE IN THIS SPACE

DOCUMENT # P99000082935

1. Entity Name
CORAL WAY INSURANCE, INC.

Principal Place of Business	Mailing Address
2248 SW 8 ST MIAMI FL 33135	2248 SW 8 ST MIAMI FL 33135

2. Principal Place of Business		3. Mailing Address	
5840 W. FLAGLER ST.		5840 W. FLAGLER ST.	
Suite, Apt. #, etc. SUITE 6		Suite, Apt. #, etc. SUITE 6	
City & State MIAMI, FLORIDA		City & State MIAMI FLORIDA	
Zip 33144	Country DADE	Zip 33144	Country DADE

4. FEI Number 65-0959019 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

RAMOS, PABLO
45 SW 64 AVE
MIAMI FL 33144

7. Name and Address of New Registered Agent

Name PETER BAJDOR
Street Address (P.O. Box Number is Not Acceptable) 920 SW 94 AVENUE
City MIAMI FL Zip Code 33174

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] PETER BAJDOR 01-31-01
Signature, typed or printed name of registered agent and title if applicable. (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) ☐

FILE NOW!!! FEE IS $150.00
After MAY 1, 2001 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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVPS RAMOS, PABLO 45 SW 64 AVE MIAMI FL 33144	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVPS PETER BAJDOR 920 SW 94 AVENUE MIAMI, FL. 33174	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD CARRILLO, ERNESTO 1717 CORAL WAY MIAMI FL 33145	☒ 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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ 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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (10/00)

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] PETER BAJDOR 01-31-01 305-261-8906
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #