2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR) DOCUMENT

S27452

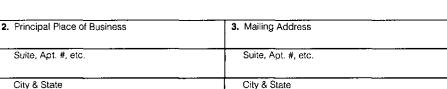
1. Entity Name CORAL WAY MOBIL, INC.



Principal Place of Business

Mailing Address

3201 CORAL WAY 3201 CORAL WAY MIAMI FL 33145 MIAMI FL 33145



FILED Apr 21, 2003 8:00 am Secretary of State

04-21-2003 90508 017 ***150.00



☐ CHECK HERE IF MAKING CHANGES

City & State		City & State		4. FEI Number 65-0245866	Applied For Not Applicable
Zip	Country	Zip	Country		75 Additional Required
	6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agen	
RUIZ, RAFAEL E. 3201 CORAL WAY				et Address (P.O. Box Number is Not Acceptable)	

MIAMI FL 33145

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

City		FL	Zip Code			

Trust Fund Contribution.

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

9. Election Campaign Financing

\$5.00 May Be Added to Fees

FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State

10. ,	OFFICERS AND DIRECTORS	11,	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
NAME STREET ADDRESS	PD Delete RUIZ, BERTHA G. 3281 SW 18TH TERR MIAMI FL	TITLE NAME STREET ADDRESS CFTY-ST-ZIP	☐ Change ☐ Addition			
	VPD Delete RUIZ, RAFAEL E. 3281 SW 18TH TERR MIAMI FL	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			
NAME 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 a

SIGNATURE: