## 2002 Uniform Business Report (UBR)

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

## Mar 13, 2002 8:00 am § DOCUMENT # V34808 **Secretary of State** 1. Entity Name 03-13-2002 90081 016 \*\*\*150.00 CORONA & SON INVESTMENTS, INC. Principal Place of Business Mailing Address 3418 HEATHER TER 3418 HEATHER TER LAUDERHILL FL 33319 LAUDERHILL FL 33319 US US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0329315 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent CORONA, UIDERICO Street Address (P.O. Box Number is Not Acceptable) 3418 HEATHER TERRACE LAUDERHILL FL 33319 Zip Code City 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 DATE 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 After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. (9/01) ☐ Delete TITLE Change Addition TITLE CORONA, UDERICO NAME ¢ NAME CR2E034 3418 HEATHER TERACE STREET ADDRESS STREET ADDRESS FT LAUDERDALE FL 33319 CITY-ST-ZIP CITY-ST-ZIP TITLE 🕏 ☐ Delete TITLE Change Addition NAME CORONA MARTINE NAME STREET ADDRESS 3418 HEATHER TERRACE STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP LAUDERHILL FL 33319 [] Change Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP [] Change ☐ Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE T/T) F 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

morel 01/02 (954) 485-1562