

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V37665

1. Entity Name

THE CORONADO GROUP, INC.

FILED
Feb 21, 2000 8:00 am
Secretary of State

02-21-2000 90046 008 ***150.00



DO NOT WRITE IN THIS SPACE

Principal Place of Business
100 NORTHEAST THIRD AVENUE
SUITE 400
FORT LAUDERDALE FL 33301

Mailing Address
100 NORTHEAST THIRD AVENUE
SUITE 400
FORT LAUDERDALE FL 33301-1155

2. Principal Place of Business
350 E. LAS OLAS BLVD.
Suite, Apt. #, etc.
#1000

3. Mailing Address
350 E. LAS OLAS BLVD.
Suite, Apt. #, etc.
#1000

City & State
FORT LAUDERDALE, FL

City & State
FORT LAUDERDALE, FL

Zip
33301

Country
USA

Zip
33301

Country
USA

4. FEI Number
65-0347305

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent
BERGER & SHAPIRO P.A.
100 NORTHEAST THIRD AVENUE
SUITE 400
FORT LAUDERDALE FL 33301

7. Name and Address of New Registered Agent
Name MITCHELL W. BERGER
BERGER DAVIS & SINGERMANN, P.A.
Street Address (P.O. Box Number is Not Acceptable)
350 E. LAS OLAS BLVD., #1000
City FORT LAUDERDALE, FL Zip Code 33301

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 1/10/00
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 effects to do so. ☐ (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 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	TD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KNIGHT, PETER		NAME		
STREET ADDRESS	4604 ROCKWOOD PARKWAY, N.W.		STREET ADDRESS		
CITY-ST-ZIP	WASHINGTON DC 20016		CITY-ST-ZIP		
TITLE	PSD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CALDERONE, DOM		NAME		
STREET ADDRESS	7496 LA PAZ COURT #105		STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (9/99)