

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # V62820**

1. Entity Name

CORAL CHEMICAL CORP.**FILED****Jul 11, 2000 8:00 am**
Secretary of State

07-11-2000 90172 027 ***550.00

Principal Place of Business

233 ROMANO AVE.
CORAL GABLES FL 33134

Mailing Address

233 ROMANO AVE.
CORAL GABLES FL 33134

2. Principal Place of Business

1138 Obispo AVE

3. Mailing Address

1138 Obispo

Suite, Apt. #, etc.

Coral Gables

Suite, Apt. #, etc.

Coral Gables, FL

City & State

FL

City & State

Coral Gables, FL

33134

Country

DADE

33134

Country

DADE



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0359633

Applied For

Not Applicable

5. Certificate of Status Desired

☐**\$8.75** Additional
Fee Required**6. Name and Address of Current Registered Agent****7. Name and Address of New Registered Agent**BRITO, BEATRIZ MARIA
233 ROMANO AVE.
CORAL GABLES FL 33134

Name

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

City

FL

Zip Code

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.

(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 \$550.00**
After SEPTEMBER 13, 2000 Min. will be \$750.00
Make Check Payable to Department of State10. 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 **P** ☐ Delete
NAME **BRITO, BEATRIZ M.**
STREET ADDRESS **233 ROMANO AVE.**
CITY-ST-ZIP **CORAL GABLES, FL**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 another like empowered.

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

Date

Daytime Phone #

7-6-00

305 445-4700