

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 18, 2002 8:00 am
Secretary of State

03-18-2002 90004 050 ***150.00

0207059 AV

DOCUMENT # V64231

1. Entity Name

CORAL PARK CO.

Principal Place of Business

**1350 S. DIXIE HWY
CORAL GABLES FL 33146
US**

Mailing Address

**270 NE 4TH STREET
MIAMI FL 33132
US**

930901



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0357326**

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION FL 33324**

7. Name and Address of New Registered Agent

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 \$150.00
After May 1, 2002 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

TITLE **V** ☐ Delete
NAME **CASTERA, BENOIST**
STREET ADDRESS **270 NE 4TH STREET**
CITY-ST-ZIP **MIAMI FL 33132**

TITLE **PD** ☐ Delete
NAME **MICANGELI, MAURIZIO**
STREET ADDRESS **270 NE 4TH STREET**
CITY-ST-ZIP **MIAMI FL 33132**

TITLE **VD** ☐ Delete
NAME **TUPINI, CLAUDIO**
STREET ADDRESS **270 NE 4TH STREET**
CITY-ST-ZIP **MIAMI FL 33132**

TITLE **D** ☐ Delete
NAME **CORBEDDU, ANTONIO**
STREET ADDRESS **270 NE 4TH STREET**
CITY-ST-ZIP **MIAMI FL 33132**

TITLE **D** ☐ Delete
NAME **LAROCHE, RICHARD F JR.**
STREET ADDRESS **2103 SHANNON DRIVE**
CITY-ST-ZIP **MURFREESBORO TN 37129**

TITLE **D** ☐ Delete
NAME **FRIEDBAUER, ROGER**
STREET ADDRESS **1500 MIAMI CENTER, 201 SO. BISCAYNE BLVD.**
CITY-ST-ZIP **MIAMI FL 33131**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ 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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-4-02

305 358 066

CR2E034 (9/01)