2000 UNIFORM BUSINESS REPORT (UBR)

Sep 18, 2000 8:00 am Secretary of State DOCUMENT # **V70759** 1. Entity Name CORALVALLE CORPORATION 09-18-2000 90041 048 ***550.00 Mailing Address Principal Place of Business 601 BRICKELL KEY DR 601 BRICKELL KEY DR SUITE 805 SUITE 805 MIAMI FL 33131-2649 MIAMI FL 33131 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 65-0403504 Not Applicable Zip Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name **ALLEN & GALEGO** Street Address (P.O. Box Number is Not Acceptable) 601 BRICKELL KEY DRIVE SUITE 805 **MIAMI FL 33131** Zip Code FL 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. 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, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition ☐ Change TITLE X Delete Ruiz, Baudilio NAME STREET ADDRESS STREET ADDRESS 601 BRICKELL KEY DR., ST. 805 CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33131 ☐ Change ☐ Addition TITLE ☐ Delete NAME DOMINQUEZ, JUAN NAME STREET ADDRESS STREET ADDRESS 601 BRICKELL DR STE 805 CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33131 ☐ Change ☐ Addition TITLE □ Delete PIMENTAL, GUILLERMO __ NAME NAME STREET ADDRESS 601 BRICKELL KEY DR STE 805 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33131** Special Secretary ALLEN, ROBERT N JR ☐ Addition ☐ Change TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS 601 BRICKELL KEY DR., ST.805 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33131 ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE TITLE

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 apprecia, with all other like empowered.

NAME

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

NAME STREET ADDRESS

CITY-ST-ZIP.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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Davtime Phone #

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