

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 27, 2001 8:00 am
Secretary of State

02-27-2001 90334 020 ***150.00

DOCUMENT # F94000005908

1. Entity Name
COCO LOPEZ, INC.

Principal Place of Business 8000 GOVERNORS SQUARE BLVD MIAMI LAKES FL 33016 US	Mailing Address 8000 GOVERNORS SQUARE BLVD SUITE 304 MIAMI LAKES FL 33016 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address <i>8000 GOVERNORS SQUARE BLVD SUITE 102</i>		
City & State	City & State <i>Miami Lakes, FL</i>		
Zip	Country	Zip <i>33016</i>	Country <i>US</i>



DO NOT WRITE IN THIS SPACE

4. FEI Number 66-0508917	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
**CT CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 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 _____ (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, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	DPT CORRIPIO A., JOSE A GNRL. LUPERON AVE., CORNER OF ANACAONA AVE SANTO DOMINGO, DOMINICAN REP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARCELO V., RAFAEL GNRL. LUPERON AVE., CORNER OF ANACAONA AVE SANTO DOMINGO, DOMINICAN REP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS CORRIPIO A., LUCIA GNRL. LUPERON AVE., CORNER OF ANACAONA AVE SANTO DOMINGO, DOMINICAN REP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT SUAREZ, JOSE L 7335 FAIRWAY DR. NO. 608 MIAMI LAKE FL 33014
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S RIVERA, HERNANDO A 1603 PONCE DE LEON AVE. SANTURCE PR 00909
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MARTIN, SANDY STATE ROAD 866, INT. 865, KM. 12.1 CANDELARIA WARD, TOA BAJA PR

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: _____ Date: *2/21/01* Daytime Phone # _____

CR2E034 (10/00)