

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 30, 2003 8:00 am**  
**Secretary of State**

04-30-2003 90093 033 \*\*\*150.00

0152504 AV

**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 102  
MIAMI LAKES FL 33016  
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **66-0508917**

Applied For  
Not Applicable

Zip Country

Zip Country

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

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DPT</b> <b>CORRIPIO A., JOSE A</b> <b>GNRL. LUPERON AVE., CORNER OF ANACAONA AVE</b> <b>SANTO DOMINGO, DOMINICAN REP</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BARCELO V., RAFAEL</b> <b>GNRL. LUPERON AVE., CORNER OF ANACAONA AVE</b> <b>SANTO DOMINGO, DOMINICAN REP</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DS</b> <b>CORRIPIO A., LUCIA</b> <b>GNRL. LUPERON AVE., CORNER OF ANACAONA AVE</b> <b>SANTO DOMINGO, DOMINICAN REP</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VT</b> <b>SUAREZ, JOSE L</b> <b>7335 FAIRWAY DR. NO. 608</b> <b>MIAMI LAKE FL 33014</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>RIVERA, HERNANDO A</b> <b>1603 PONCE DE LEON AVE.</b> <b>SANTURCE PR 00909</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>MARTIN, SANDY</b> <b>STATE ROAD 866, INT. 865, KM. 12.1</b> <b>CANDELARIA WARD, TOA BAJA PR</b>	<input checked="" type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DP</b> <b>Anthony Gil</b> <b>Ave Nuñez Cáceres, Esquina Calle 1ra</b> <b>Sector San Gerónimo, Sto Domingo</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DVT</b> <b>Luisa Sanchez</b> <b>424 LAKEVIEW DR #201</b> <b>WESTON, FL 33326</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MANUEL NICOLAS</b> <b>Ave Nuñez Cáceres, Esquina Calle 1ra</b> <b>Sector San Gerónimo, Sto Domingo</b>	<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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Luisa Sanchez* **REQUIRED** 4/25/03 (305) 820-9095  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)