2002 UNIFORM BUSINESS REPORT (UBR)

Apr 30, 2002 8:00 am Secretary of State P00000093964 DOCUMENT # 1. Entity Name 04-30-2002 90022 038 ***150.00 COOSEMANS MANAGEMENT, INC. Principal Place of Business Mailing Address 555 NE 15TH STREET SUITE 934 555 NE 15TH STREET SUITE 934 MIAMI FL 33132 MIAMI FL 33132 2. Principal Place of Business 3. Mailing Address 1111 N.W al Terrace N. M. 91 Terrace Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For City & State City & State 65-1045345 ocida Not Applicable Miami Wianzi Country Zip Zip \$8.75 Additional 5. Certificate of Status Desired U.S.A ತಿತಿ127 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CEASE, MICHAEL S Street Address (P.O. Box Number is Not Acceptable) 2900 NW 7TH STREET MIAMI FL 33132 City 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, typed or printed name of registered agent and title if applicable. (NQTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. Change ☐ Addition TITLE TITLE ☐ Delete COOSEMANS, DANIEL F coosemans, Danrel F. NAME NAME STREET ADDRESS 555 NE 15TH STREET SUITE 934 STREET ADDRESS MIAMI FL 33132 CITY-ST-ZIP miamij Floride 33127 CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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.

FILED

CR2E034 (9/01