2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P99000109414

1. Entity Name



FILED Mar 19, 2003 8:00 am Secretary of State

03-19-2003 90142 046 ***150.00

COCOA G	AS, INC										
Principal Place of Business 935 NORTH COCOA BLVD. COCOA FL 32922 US			Mailing Address 821 SPRING PARK LOOP KISSIMMEE FL 34747 US								
2. Principal Pla	ace of Busin	ess	3. Mailing Address]		1		IERI GIEL IEBI	
Suite, Apt. #, etc.			Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES					
City & State			City & State			4. F	59-3622662		No	plied For Applicable	
Zip		Country	Zip		Country		1	Certificate of Status Desired	J F	8.75 Add ee Required	
	6. Name	and Address of Current	Registere	d Agent			7. N	lame and Address of New Regist	ered Ag	gent	
					Nam	Name					
MULATERO, ELDA 821 SPRING PARK LOOP					Stre	et Address	(P.O. B	ox Number is Not Acceptable)			
CELEBRAT	IION FL 3	1/4/			City	-			FL	Zip Code	е
O The above	named anti	y submits this statement for	or the purp	ose of changing its re	egistered offic	e or registe	ered ag	ent, or both, in the State of Florida.	I am fa	miliar with,	and accept
the obligati	ons of regis	tered agent.		, <u>,</u>							
SIGNATURE _	Signature, typed	or printed name of registered agent	and title if app	olicable. (NOTE:	Registered Agent s	signature require	ed when re	einstating)	DATE		
* After	May 1, 20	!! FEE IS \$150.00 03 Fee will be \$550.00 o Florida Department o	f State		-			9. Election Campaign Financi Trust Fund Contribution.	ing		May Be I to Fees
	rayaule (OFFICERS AND		JBS	11.		AC	DDITIONS/CHANGES TO OFFICER	RS AND	DIRECTOR	S IN 11
10.	VD.	OFFICERS AND	DINECTO	□ Delete	TITLE	P				☐ Change	Addition
TITLE NAME	VD Muliatei	RO, RICARDO			NAME	MM	61/1	SOLAGINE, MIKE	19		-
STREET ADDRESS		NG PARK LOOP			STREET ADDR	ESS 130	I B	EVILLE Rd. Suit		λ.	•
CITY-ST-ZIP		TION FL 34747			CITY-ST-ZIP	Day	Mon	a Beach, FL. 32	2114		-7 • • • • • • • • • • • • • • • • • • •
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NAME		RO, ELDA		•	NAME					•	
STREET ADDRESS	821 SPR	ing park loop			STREET ADDR						
CITY-ST-ZIP	CELEBR	ATION FL 34747		9						☐ Change	Addition
TITLE	P/D			Delete	TITLE NAME						
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CITY-ST-ZIP		ING PARK LOOP ATION FL 34747			CITY-ST-ZIF	,				<u>.</u>	
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NAME					NAME STREET ADD	RESS			•	•	
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NAME STREET ADDRESS					STREET ADD	RESS				,	
CITY-ST-ZIP					CITY-ST-ZI						
	1			L A avality for	the exemptic	n stated in	Section	n 119 07(3)(i). Florida Statutes. I fu	ither ce	rtify that the	information

12. Thereby 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:

CONDITUEIT MOIGHNED

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