

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 28, 2003 8:00 am
Secretary of State

07-28-2003 90139 004 ****61.25

0000033

DOCUMENT # 742088

1. Entity Name

COCOPLUM CIVIC ASSOCIATION, INC.



Principal Place of Business

**7601 LOS PINOS BLVD
TENNIS COURTS
CORAL GABLES FL 33143
US**

Mailing Address

**% LEWIS CARROLL
7420 MONACO STREET
CORAL GABLES FL 33143
US**

2. Principal Place of Business

3. Mailing Address

~~7420 Monaco St~~

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

~~Coral Gables, FL~~

4. FEI Number **59-2522183**

Applied For

Not Applicable

Zip

Country

Zip

Country

~~33143~~

~~USA~~

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CARROLL, LEWIS
7420 MONACO ST.
CORAL GABLES FL 33143**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
After September 10, 2003, min will be \$236.25**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	D BLAKE, JOHN	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	7801 LOS PINOS BLVD. CORAL GABLES FL 33143	
TITLE NAME	D LAWSON, RODOLFO P	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	7431 MONACO ST CORAL GABLES FL 33143	
TITLE NAME	D STEWART, CONSUELO	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	8209 LOS PINOS CIRCLE CORAL GABLES FL	
TITLE NAME	D GARCIA, SUSAN	<input checked="" type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	8291 LA RAMPA STREET CORAL GABLES FL 33143	
TITLE NAME	D MORENO, SUSAN	<input checked="" type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	7433 VISTALMAR STREET CORAL GABLES FL 33143	
TITLE NAME	D LLANO, CESAREO	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	7425 LOS PINOS BLVD. CORAL GABLES FL 33143	

TITLE NAME	T Ana Veiga Milton	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	7207 Monaco St Coral Gables, FL 33143	
TITLE NAME	P Michael Contreras	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	8120 Los Pinos Blvd Coral Gables, FL 33143	
TITLE NAME	V Ed Sanchez	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	7111 Los Pinos Blvd Coral Gables, FL 33143	
TITLE NAME	S Ron Corbitt	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	7400 Monaco St Coral Gables, FL 33143	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 617, 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:

Ana Veiga Milton

7/25/03 305 668-6355

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (4/03)