

# 2000 UNIFORM BUSINESS REPORT (UBR)

CU 1 13 1/B

**DOCUMENT # A96000000696**

1. Entity Name  
**COCOA PARTNERS, LIMITED PARTNERSHIP**

Principal Place of Business: 992 EAST 15TH STREET. #200, BROOKLYN NY 11230  
Mailing Address: 992 EAST 15TH STREET. #200, BROOKLYN NY 11230-3730



2. Principal Place of Business: Suite, Apt. #, etc. / City & State / Zip / Country

3. Mailing Address: Suite, Apt. #, etc. / City & State / Zip / Country

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
**UNITED CORPORATE SERVICES, INC.  
9200 SOUTH DADELAND BLVD.  
SUITE 508  
MIAMI FL 33156**

4. FEI Number: **11-3314959**

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

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. Capital Contributions as Shown on record: **\$50,000.00**

10. Amount of Capital Contributions in FLORIDA to date: \_\_\_\_\_

11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**  
**NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	P96000029746	STREET ADDRESS	
NAME	COCOA MANAGEMENT INC. <i>EAST</i>	CITY - ST - ZIP	
STREET ADDRESS	992(EAST) 15TH STREET, SUITE 200		
CITY - ST - ZIP	BROOKLYN NY 11230		
DOCUMENT #		STREET ADDRESS	
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: *Thomas Rosenthal* **SIGNATURE REQUIRED** *4/28/00* *(718) 692-4181*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER: **TOMAS ROSENTHAL** Date: \_\_\_\_\_ Daytime Phone #: \_\_\_\_\_