2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Mailing Address

1619 EAST SUNRISE BLVD.

DOCUMENT# F90256 1. Entity Name

LA COQUILLE CORPORATION

Principal Place of Business

1619 EAST SUNRISE BLVD.



FILED Jan 13, 2003 8:00 am Secretary of State

01-13-2003 90405 035 ***150.00

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FT LAUDERDALE FL 33304		FT LAUDERDALE FL 33304					
2. Principal Place of Business		3. Mailing Address 2300 N.E 17TH ANNA					
Suite, Ap	ot. #, etc.	Suite, Apt. #, etc.	יון אין אינ	700	☐ CHECK HERE	F MAKING CH	ANGES
City & Sta	ate	City & State F7 LANDERDALE FL			4. FEI Number 59-2210052 Applied For		
Zip	Country	33305	Country BROWAR	0	5. Certificate of Status Desired	□ \$8.	Not Applicabl 75 Additional Required
	6. Name and Address of Curre	nt Registered Agent			7. Name and Address of New Re		
LARRY (2455 E.	COFAR SUNRISE BLVD.		Name Street A	ddress (F	P.O. Box Number is Not Acceptable)		
FORT LA	AUDERDALE FL 33304		-	-			
• The show			City				ip Code
the obliga	e named entity submits this statement ations of registered agent.	for the purpose of changing its	s registered office or	registere	ed agent, or both, in the State of Flor	ida. I am familia	ar with, and accept
SIGNATURE	Signature, typed or printed name of registered ager	at and title if applicable. (NOT	E: Registered Agent signatu	re required v	when reinstating)	DATE	
Afte	FILE NOW!!! FEE IS \$150.00 or May 1, 2003 Fee will be \$550.00 k Payable to Florida Department of			•	9. Election Campaign Fina Trust Fund Contribution.	ncing	\$5.00 May Be Added to Fees
10.	OFFICERS AND	DIRECTORS	11.	·	ADDITIONS/CHANGES TO OFFIC	ERS AND DIRE	CTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST BERT, JEAN MARIE 2300 N.E. 17 AVE. WILTON MANORS, FL 0	☐ De/ete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			□ C	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BERT, JEAN MARIE 2300 N.E. 17 AVE. WILTON MANORS, FL 0	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			<u></u> C1	hange 🔲 Addition
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NAME STREET ADDRESS CITY-ST-ZIP		. Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Cha	
or the corp	ertify that the information supplied with on this report or supplemental report is oration or the receiver or trustee empor or on an attachment with an address, v	sucred to every that this way to	the exemption stated y signature shall have s required by Chapte	in Section the samer 607, Fi	on 119.07(3)(i), Florida Statutes. I fu ne legal effect as if made under oath lorida Statutes; and that my name an	rther certify that n; that I am an of opears in Block	the information lificer or director 10 or Block 11 if

SIGNATURE:

URE REQUIRDA SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARIE BERT

954-564-2287