

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2000 8:00 am
Secretary of State

01-27-2000 90033 029 ***150.00

00010022



DO NOT WRITE IN THIS SPACE

DOCUMENT # K74306

1. Entity Name
COCO PRIME REALTY CORP.

Principal Place of Business 10361 SW 13TH STREET MIAMI FL 33174 US	Mailing Address 10361 SW 13TH STREET MIAMI FL 33174-2714 US
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2. Principal Place of Business 1550 Madruga Avenue	3. Mailing Address 10361 S.W. 13th Street
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Suite, Apt. #, etc. Suite 307	Suite, Apt. #, etc.
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City & State Coral Gables, Florida	City & State Miami, Florida
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4. FEI Number 65-0191125	Applied For <input type="checkbox"/> Not Applicable
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Zip 33146	Country US	Zip 33174	Country US
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**BOLANOS, TRUXTEN & YOUNGS, P.A.
 2121 PONCE DE LEON
 SUITE 600
 CORAL GABLES FL 33134**

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. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO BUIGAS, ELENA R. 10361 SW 13TH STREET MIAMI FL 33174 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPST BUIGAS-CLAVIJO, ANA M 10361 SW 13TH STREET MIAMI FL 33174 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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.

SIGNATURE: Elena R. Buigas January 18, 2000 (305) 567-0424
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #