

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

Mailing Address

10361 SW 13TH STREET
MIAMI FL 33174
US10361 SW 13TH STREET
MIAMI FL 33174-2714
US

2. Principal Place of Business

1550 Madruga Avenue

3. Mailing Address

10361 S.W. 13th Street

Suite, Apt. #, etc.

Suite 307

Suite, Apt. #, etc.

City & State

Coral Gables, Florida

City & State

Miami, Florida

4. FEI Number

65-0191125

Applied For

Not Applicable

Zip

Country

33146**US**

Zip

Country

33174**US**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

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

(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 State10. 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 **PCEO** ☐ Delete
NAME **BUGAS, ELENA R.**
STREET ADDRESS **10361 SW 13TH STREET**
CITY-ST-ZIP **MIAMI FL 33174**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **VPST** ☐ Delete
NAME **BUGAS-CLAVIJO, ANA M**
STREET ADDRESS **10361 SW 13TH STREET**
CITY-ST-ZIP **MIAMI FL 33174**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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. Bugas*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

January 18, 2000 (305) 567-0424

Date

Daytime Phone #