

2004

UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 19, 2004 8:00 am**
Secretary of State

04-19-2004 90390 043 ***158.75

DOCUMENT # K86812

1. Entity Name

COCIBOLCA TRANSFER INCORPORATED

Principal Place of Business

**1276 WEST FLAGLER STREET
MIAMI FL 33135**

Mailing Address

**1276 WEST FLAGLER STREET
MIAMI FL. 33135**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0125602

Applied For

Not Applicable

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

**CASTILLO, ARMANDO
1272 WEST FLAGLER STREET # 206
MIAMI FL 33135**

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, 2001 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	DPST CASTILLO, SILVIO BAYARDO 1272 WEST FLAGLER STREET # 206 MIAMI FL 33135	<input checked="" type="checkbox"/> Delete
------------------------------------------------	--------------------------------------------------------------------------------------	--------------------------------------------

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT CASTILLO, ARMANDO 1272 WEST FLAGLER STREET # 206 MIAMI FL 33135	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
------------------------------------------------	------------------------------------------------------------------------------------	------------------------------------------------------------------------------

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
------------------------------------------------	--	---------------------------------

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST CASTILLO, ETHEL KARINA 1272 WEST FLAGLER STREET # 206 MIAMI FL 33135	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
------------------------------------------------	-----------------------------------------------------------------------------------	------------------------------------------------------------------------------

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<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		<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		<input type="checkbox"/> Delete
------------------------------------------------	--	---------------------------------

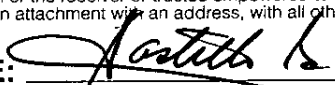
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
------------------------------------------------	--	-------------------------------------------------------------------

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
------------------------------------------------	--	---------------------------------

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
------------------------------------------------	--	-------------------------------------------------------------------

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:


ARMANDO CASTILLO
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
PRESIDENT

MARCH 24/04

(305) 649-8525

Date

Daytime Phone #

CR2E034 (11/00)