

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000008059

1. Entity Name

COCOPALM CREATIONS, LC

FILED

01 AUG 13 PM 12:17

Principal Place of Business

1601 SOUTH FLAGLER DRIVE #310-0  
WEST PALM BEACH FL 33401

Mailing Address

1601 SOUTH FLAGLER DRIVE #310-0  
WEST PALM BEACH FL 33401

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

917 N FLAGLER DR  
Suite, Apt. #, etc. 308

3. Mailing Address

917 N FLAGLER DR  
Suite, Apt. #, etc. 308

City & State

West Palm Beach, FL

City & State

West Palm Beach, FL

4. FEI Number

65-1021163

Applied For

Not Applicable

Zip FL 33401

Country U.S.A

Zip 33401

Country U.S.A

5. Certificate of Status Desired

☐

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

BRADFORD, VERDA  
1601 SOUTH FLAGLER DRIVE #310-0  
WEST PALM BEACH FL 33401

7. Name and Address of New Registered Agent

Name Eike Senden  
Street Address (P.O. Box Number is Not Acceptable) 917 N FLAGLER DR #308  
City West Palm Beach FL Zip Code 33401

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 Eike Senden President

7-15-01

EIKE SENDEN

FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State  
Due By September 26, 2001

9. MANAGING MEMBERS/MANAGERS

|                |                          |                                 |
|----------------|--------------------------|---------------------------------|
| TITLE NAME     | Eike Senden, President   | <input type="checkbox"/> Delete |
| STREET ADDRESS | 917 N FLAGLER DR #308    |                                 |
| CITY-ST-ZIP    | West Palm Beach FL 33401 |                                 |
| TITLE NAME     |                          | <input type="checkbox"/> Delete |
| STREET ADDRESS |                          |                                 |
| CITY-ST-ZIP    |                          |                                 |
| TITLE NAME     |                          | <input type="checkbox"/> Delete |
| STREET ADDRESS |                          |                                 |
| CITY-ST-ZIP    |                          |                                 |
| TITLE NAME     |                          | <input type="checkbox"/> Delete |
| STREET ADDRESS |                          |                                 |
| CITY-ST-ZIP    |                          |                                 |
| TITLE NAME     |                          | <input type="checkbox"/> Delete |
| STREET ADDRESS |                          |                                 |
| CITY-ST-ZIP    |                          |                                 |

10. ADDITIONS/CHANGES

|                |                       |   |
|----------------|-----------------------|---|
| TITLE NAME     |                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS |                       |   |
| CITY-ST-ZIP    |                       |   |
| TITLE NAME     |                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | 300004536913--6       |   |
| CITY-ST-ZIP    | -08/15/01--01092--006 |   |
|                | *****50.00 *****50.00 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME     |                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS |                       |   |
| CITY-ST-ZIP    |                       |   |
| TITLE NAME     |                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS |                       |   |
| CITY-ST-ZIP    |                       |   |
| TITLE NAME     |                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS |                       |   |
| CITY-ST-ZIP    |                       |   |

11. 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Eike Senden 7-15-01 561 514-0005

CR2E083 (5/01)