

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2002 8:00 am
Secretary of State

00 0870

03-13-2002 90097 002 ****50.00

DOCUMENT # L01000013987

1. Entity Name

COCOEBIZ, LLC

Principal Place of Business

**740 S. RIDGEWOOD AVENUE
 ORMOND BEACH FL 32174**

Mailing Address

**740 S. RIDGEWOOD AVENUE
 ORMOND BEACH FL 32174**

80042543

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number

52-2337209

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**ARMAN, MICHAEL P
 740 S. RIDGEWOOD AVENUE
 ORMOND BEACH FL 32174**

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS / MANAGERS

Manager, General Manager Delete

TITLE NAME
 STREET ADDRESS
 CITY-ST-ZIP
*Kahori Ezaki
 4-230 Sakae, Ina Machi*

Kitaadachigun 362-0505 Delete

TITLE NAME
 STREET ADDRESS
 CITY-ST-ZIP
Saitama Japan

TITLE NAME Delete

TITLE NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE NAME Delete

TITLE NAME
 STREET ADDRESS
 CITY-ST-ZIP

10. ADDITIONS / CHANGES

TITLE NAME Change Addition

TITLE NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME Change Addition

TITLE NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 CITY-ST-ZIP

TITLE NAME Change Addition

TITLE NAME
 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:

SIGNATURE Michael P. Arman

2-28-02

386 672 0200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (9/01)