

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# L02000033093

FILED  
Apr 11, 2003  
Secretary of State

**Entity Name:** CORONA COFFEE & COCOA, LLC

**Current Principal Place of Business:**

3129 NORTH 29TH AVENUE  
HOLLYWOOD, FL 33020

**New Principal Place of Business:**

2450 KENSINGTON BLVD.  
DAVIE, FL 33325 US

**Current Mailing Address:**

3129 NORTH 29TH AVENUE  
HOLLYWOOD, FL 33020

**New Mailing Address:**

2450 KENSINGTON BLVD.  
DAVIE, FL 33325 US

**FEI Number:** 56-2308246

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ZARAGOVIA, ANGELO  
3129 NORTH 29TH AVENUE  
HOLLYWOOD, FL 33020

**Name and Address of New Registered Agent:**

ZARAGOVIA, ANGELO  
2450 KENSINGTON BLVD.  
DAVIE, FL 33325 US

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: ANGELO ZARAGOVIA

04/11/2003

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MGR ( ) Change (X) Addition  
Name: ZARAGOVIA, ANGELO  
Address: 2450 KENSINGTON BLVD.  
City-St-Zip: DAVIE,, FL 33325 US

Title: MGRM ( ) Change (X) Addition  
Name: ZARAGOVIA, STELLA  
Address: 2450 KENSINGTON BLVD  
City-St-Zip: DAVIE, FL 33325 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: ANGELO ZARAGOVIA

MGR

04/11/2003

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date