

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L52677

1. Entity Name
COCO PARIS, INC.

FILED
Feb 12, 2001 8:00 am
Secretary of State

02-12-2001 90220 019 ***150.00

Principal Place of Business

3015 GRAND AVE
SUITE 170
COCONUT GROVE FL 33133

Mailing Address

777 NORTHWEST 72ND AVE
2J2
MIAMI FL 33126
US

C0020031



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3015 GRAND AVE.

Suite, Apt. #, etc.

Suite 177

City & State

COCONUT GROVE, FL

Zip

33133

Country

USA

3. Mailing Address

777 NW 72nd Ave

Suite, Apt. #, etc.

3AA 58

City & State

MIAMI, FL

Zip

33126

Country

USA

4. FEI Number 65-0495683

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

SCEMLA, MURIEL
105 OCEAN BLVD
GOLDEN BCH FL 33160

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, 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

TITLE P
NAME SCEMLA, MURIEL
STREET ADDRESS 105 OCEAN BLVD
CITY-ST-ZIP GOLDEN BEACH FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Muriel Scemla 01-16-2001 (305) 265-6695

Date

Daytime Phone #

CR2E034 (10/00)