

# 2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Sep 18, 2000 8:00 am  
Secretary of State

09-18-2000 90013 030 \*\*\*550.00

DOCUMENT # L58108

1. Entity Name

COCONUT GROVE VENTURES, INC.

Principal Place of Business

3672 GRAND AVE  
COCONUT GROVE FL 33233  
US

Mailing Address

P O BOX 330075  
COCONUT GROVE FL 33233-075  
US

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

65-0240074

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

MCDONALD, YVONNE M  
3631 FRANKLIN AVENUE  
MIAMI FL 33133

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.

YVONNE M. McDONALD, President/CEO

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 \$550.00  
After SEPTEMBER 13, 2000 Min. will be \$750.00  
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 VP  
NAME FOX, RONALD  
STREET ADDRESS 3481 HIBISCUS ST.  
CITY-ST-ZIP MIAMI FL

☒ Delete

TITLE VP  
NAME JOHNSON, WILLIAM  
STREET ADDRESS 3342 THOMAS AVE  
CITY-ST-ZIP MIAMI, FLA. 33133

☐ Change

☐ Addition

TITLE P  
NAME ALEXANDER, DAVID  
STREET ADDRESS 8800 SW 75 TERRACE  
CITY-ST-ZIP MIAMI FL

☒ Delete

TITLE VP  
NAME THOMPSON, ANDRE  
STREET ADDRESS 3521 FLORIDA AVE  
CITY-ST-ZIP MIAMI, FLORIDA 33133

☐ Change

☐ Addition

TITLE D  
NAME POPE, ISIAH  
STREET ADDRESS 3374 SW 37 AVE  
CITY-ST-ZIP MIAMI FL

☐ Delete

TITLE S  
NAME LITTLE, JOHN  
STREET ADDRESS 33000 BISCAYNE BLVD  
CITY-ST-ZIP MIAMI, FLA. 33137

☐ Change

☐ Addition

TITLE S  
NAME LITTLE, JOHN  
STREET ADDRESS 3000 BISCAYNE BLVD., #500  
CITY-ST-ZIP MIAMI FL 33137

☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE D  
NAME PARRISH, ANDY  
STREET ADDRESS 8075 SUNSET DR., #203  
CITY-ST-ZIP MIAMI FL 33143

☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

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

Date

Daytime Phone #

CR2E034 (5/00)