

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L99000006880**

Entity Name
COCONUT EXPRESS, LC

FILED

01 MAR '00 AM 10:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
~~200 SOUTH BISCAYNE BLVD., SUITE 1050~~ ~~200 SOUTH BISCAYNE BLVD., SUITE 1050~~
~~FIRST UNION FINANCIAL CENTER~~ ~~FIRST UNION FINANCIAL CENTER~~
~~MIAMI FL 33131-2394~~ ~~MIAMI FL 33131-2394~~

2. Principal Place of Business 3. Mailing Address
1623 Collins Ave **1623 Collins Ave**
Suite, Apt. #, etc. **#909** Suite, Apt. #, etc. **#909**

City & State City & State
Miami Beach FL **Miami Beach FL**
Zip Country Zip Country
33139 DADE **33139 DADE**

4. FEI Number 65-0955880 Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
BENNETT, JOSH N **511 NE 3rd Ave**
~~200 SOUTH BISCAYNE BLVD., SUITE 1050~~ **2nd floor**
~~FIRST UNION FINANCIAL CENTER~~ **Fort Lauderdale**
~~MIAMI FL 33131-2394~~ **Fla 33301**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS
TITLE NAME ☐ Delete
MGRM CALM WAVES TRUST **Same as above**
STREET ADDRESS ~~200 SOUTH BISCAYNE BLVD., SUITE 1050~~
CITY-ST-ZIP ~~MIAMI FL 33131-2394~~

TITLE NAME ☐ Delete
MGRM BLUE KEY TRUST **Same as above**
STREET ADDRESS ~~200 SOUTH BISCAYNE BLVD., SUITE 1050~~
CITY-ST-ZIP ~~MIAMI FL 33131-2394~~

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES
TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
300003992519
-04/11/01--01092--009
*******488.75 *****50.00**

TITLE NAME ☐ Change ☐ Addition
\$50.00
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ 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: **Virginia Dominguez** **March 25/2001** **305 534-9090**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

0008765 AF

CR2E083 (11/00)