

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 18, 2000 8:00 am**  
**Secretary of State**

04-18-2000 90206 006 \*\*\*150.00

**DOCUMENT # M63620**

**1. Entity Name**  
**COGO CORP.**

<b>Principal Place of Business</b> 3120 MUNROE DR. COCONUT GROVE FL 33133	<b>Mailing Address</b> 3120 MUNROE DR. COCONUT GROVE FL 33133-5917
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DO NOT WRITE IN THIS SPACE

<b>2. Principal Place of Business</b> Suite, Apt. #, etc.	<b>3. Mailing Address</b> Suite, Apt. #, etc.
<b>City &amp; State</b>	<b>City &amp; State</b>

<b>4. FEI Number</b> 65-0017344	<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> \$8.75 Additional Fee Required	

<b>6. Name and Address of Current Registered Agent</b>  FLORIDA REGISTERED AGENTS, INC. 100 SE 2ND ST., 36TH FLOOR MIAMI FL 33131	<b>7. Name and Address of New Registered Agent</b> Name: <u>J.R. Harrison</u> Street Address (P.O. Box Number is Not Acceptable): <u>3120 Munroe Dr</u> <u>Coconut Grove, FL</u> City: <u>FL</u> Zip Code: <u>33133</u>
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**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] President DATE: 4/12/00  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.</b> (See criteria on back) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	<b>10. Election Campaign Financing Trust Fund Contribution.</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST HARRISON, JOSEPH R 3120 MUNROE DR. COCONUT GROVE FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HARRISON, JAMES 3120.MUNROE DR COCONUT GROVE FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HARRISON, CATHERINE 3120 MUNROE DR COCONUT GROVE FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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] April 12, 2000 305-445-8047  
Signature and typed or printed name of signing officer or director Date Daytime Phone #  
**Joseph R. Harrison, III President**

CR2E034 (9/99)