

FILED
May 27, 2003 8:00 am
Secretary of State

05-01-2003 90192 009 ****61.25

2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000006927

1. Entity Name

COCONUT GROVE TRUST, INC.



Principal Place of Business

Mailing Address

2980 MCFARLANE RD
MIAMI FL 33133

2980 MCFARLANE RD
MIAMI FL 33133

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 65-1075858

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

GIBBS, W. TUCKER
2265 S BAYSHORE DR, STE 603
COCONUT GROVE FL 33133

Name W. TUCKER GIBBS
Street Address (P.O. Box Number is Not Acceptable)
215 GRAND AVENUE
City CORAL GABLES FL Zip Code 33133

8. This above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE W. Tucker Gibbs 1/9/03

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME MASRIEH, ROBERT
STREET ADDRESS 2980 MCFARLANE ROAD #208
CITY-ST-ZIP MIAMI FL 33133

TITLE D ☐ Delete
NAME SWEENEY, ALLEN
STREET ADDRESS 2000 S BAYSHORE DR, VILLA 50
CITY-ST-ZIP MIAMI FL 33133

TITLE D ☐ Delete
NAME STEINER, YAROMIR
STREET ADDRESS 3520 MARY ST
CITY-ST-ZIP MIAMI FL 33133

TITLE DIRECTOR ☐ Delete
NAME DUNIN, RICARDO
STREET ADDRESS 1001 BRICKELL BAY DRIVE #2410
CITY-ST-ZIP MIAMI - FL 33131

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: RICARDO DUNIN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/03 203-373-5022

Date

Daytime Phone #

CR2E037 (10/02)