

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

FILED
May 29, 2003 8:00 am
Secretary of State

05-29-2003 90132 032 ****70.00

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DOCUMENT # NO1000006756

1. Entity Name

ACOCOCOT, BAPPON, COMMERCIUM, INC.



Principal Place of Business

401 NW 12ST
P.O. BOX 1387
MIAMI FL 33101

Mailing Address

P.O. BOX 1387
500 N.W. 2ND AVE.
MIAMI FL 33101-1387

2. Principal Place of Business

Same as above

3. Mailing Address

Same as above

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **NOT APPLICABLE**

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

GAYLORD, GEORGE M
500 N.W. 2ND AVE.
MIAMI FL 33101-1387

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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 **CUTTLER, CHARLES**
STREET ADDRESS **354 NW 10TH ST**
CITY-ST-ZIP **MIAMI FL 33136**

TITLE **D** ☐ Delete
NAME **MARCUS, LALIEARE**
STREET ADDRESS **1280 NW 35ST**
CITY-ST-ZIP **MIAMI FL 33142**

TITLE **D** ☐ Delete
NAME **GAYLARD, GEORGE M**
STREET ADDRESS **P.O. BOX 015324**
CITY-ST-ZIP **MIAMI FL 33101**

TITLE **D** ☐ Delete
NAME **COOK, LAWRENCE C**
STREET ADDRESS **1728 NW 55 ST**
CITY-ST-ZIP **MIAMI FL 33142**

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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TITLE ☐ Change ☐ Addition
NAME
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:

George M. Gaylord

George M. GAYLORD

5-27-03

786-425-1262

CR2E037 (10/02)