2001 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with

SIGNATURE AND TYPED OR PRINTED NAME OF

SIGNATURE:

FILED Jan 31, 2001 8:00 am Secretary of State DOCUMENT # NO1185 1. Entity Name COCOPLUM YACHT CLUB, INC. 01-31-2001 90037 006 ****61.25 Principal Place of Business Mailing Address % CLAUDIA P. RIDGE % CLAUDIA P. RIDGE 909845 6500 PRADO BLVD. 6500 PRADO BLVD. CORAL GABLES FL 33143 CORAL GABLES FL 33143 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0014083 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required ------ 6. Name and Address of Current Registered Agent-7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) RIDGE, CLAUDIA P. 6500 PRADO BLVD. CORAL GABLES FL 33143 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 Fiorida. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW: Make Check Payable to \$5.00 May Be Trust Fund Contribution. **Department of State** FEE IS \$61.25 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11, ST TITLE X Addition TITLE ☐ Delete HARTZ, CHARLES NAME NAME LOPEZ, SR., JOSE I. STREET ADDRESS 6500 PRADO BLVD. STREET ADDRESS 6500 PRADO BLVD. CITY-ST-ZIP CITY-ST-ZIP CORAL GABLES FL CORAL GABLES FL ☐ Addition TITLE ☐ Delete TITLE VP Change Change NAME CLARKE, VICTOR NAME CLARKE, VICTOR STREET ADDRESS STREET ADDRESS 6500 PRADO BLVD. 6500 PRADO BLVD CITY-ST-ZIP GITY-ST-7IP CORAL: GABLES-FL-CORAL-GABLES-FL VΡ TITLE Change TITLE ☐ Delete D ☐ Addition BLAKE, JOHN NAME NAME BLAKE, JOHN STREET ADDRESS STREET ADDRESS 6500 PRADO BLVD. 6500 PRADO BLVD CITY-ST-ZIP CITY-ST-ZIP CORAL GABLES FL CORAL GABLES FI D TITLE TITLE Delete Change ☐ Addition GILMAN, MILES NAME NAME STREET ADDRESS 6500 PRADO BLVD STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P **CORAL GABLES FL** ST Delete ☐ Addition TITLE TITLE Change HOGG, JESSEE NAME MARKE STREET ADDRESS STREET ADDRESS 6500 PRADO BLVD. CITY-ST-ZIP CITY-ST-ZIP **CORAL GABLES FL 33143** TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby 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

Daytime Phone #