

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

FILED
Mar 13, 2003 8:00 am
Secretary of State

03-13-2003 90045 016 ****70.00

DOCUMENT # N02000001976

1. Entity Name
COCONUT GROVE COLLABORATIVE, INC.



Principal Place of Business
**3640 GRAND AVE
COCONUT GROVE FL 33133**

Mailing Address
**3640 GRAND AVE
COCONUT GROVE FL 33133**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

03-0406037

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**RASHID, JIHAD S
3127 NEW YORK STREET
COCONUT GROVE FL 33133**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DP	<input type="checkbox"/> Delete
NAME	RASHID, JIHAD S	
STREET ADDRESS	3127 NEW YORK ST	
CITY-ST-ZIP	COCONUT GROVE FL 33133	
TITLE	DV	<input type="checkbox"/> Delete
NAME	BLEMUR, PIERRE B MD	
STREET ADDRESS	3640 GRAND AVE	
CITY-ST-ZIP	COCONUT GROVE FL 33133	
TITLE	DS	<input type="checkbox"/> Delete
NAME	GELL, DAVID J	
STREET ADDRESS	4245 BRAGANZA ST	
CITY-ST-ZIP	COCONUT GROVE FL 33133	
TITLE	DT	<input checked="" type="checkbox"/> Delete
NAME	JAMES, JOSEPH E	
STREET ADDRESS	7840 SW 50TH COURT	
CITY-ST-ZIP	CORAL GABLES FL 33143	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D.V.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRENDA RIVERS	
STREET ADDRESS	3627 SW 37 AVE #15	
CITY-ST-ZIP	COCONUT GROVE, FL 33133	
TITLE	DT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Charles Byrd	
STREET ADDRESS	80 SW 8th St Suite 2400	
CITY-ST-ZIP	miami, FL 33130	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

[Handwritten Signature]

1/21/03

305-448-1733
315 W 16th St

CR2E037 (10/02)