2001 UNIFORM BUS	INESS REPO	RT (UB	R)	A A	•	
DOCUMENT # N99000	7DN 295			APPROVED		
DOCUMENT # N9900 0000 295 1. Entity Name				AND		
,				FILED		
Caribbean Organization of Tallahossee Inc. COTI				JUN 21 AMII: 01	}	
Principal Place of Business Mailing Address			U1	JUNZI KHILLI		
			SF	CRETARY OF STATE		
	•		TĂĨ	LAHASSEE, FLORIDA	4	
				•		
2. Principal Place of Business	3. Mailing Address				•	
Suite, Apt. #, etc.	P. O. Nox 3 Suite, Apt. #, etc.	56/4		DO NOT WRITE IN 1	THIS SPACE	
Suite C	N) 4		•	50 (10) (11)		
City & State Tallahassie, Floods	City & State	ے - اہ ۔ ا	4. FEI Nur	mber -360 9069	<u> </u>	pplied For ot Applicable
Zip Country	Zip	Country		,	\$9.75 Ad	
32308 U.S.A.	32314	U.S.A.		ate of Status Desired	ree Require	ed
6. Name and Address of Curren	t Registered Agent	Name	/. Name a	and Address of New Registe	erea Agent	
Stephen R.A. Knight	-1 1	Street A	Address (P.O. Box Nur	mber is Not Acceptable)		
501 East Tennessee	>hze F	0,000,				
Suite C					1 = 2	
Tallahassu Florida 32	.3 <i>0</i> 8	City			FL Zip Cod	ie
8. The above named entity submits this statement f	or the purpose of changing its	registered office of	or registered agent, or	both, in the state of Florida.		
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SIGNATURE	APATE AND THE STREET					
dignature, typed or printed traine or registered again			ture required when reinstation)	·	1ATF	
	The state of the s	: Registered Agent signa	ture required when reinstating)	D	PATE	
FILE NOW:	9. Election Campaign		sture required when reinstating)	ж.	eck Payable to) s
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FEE IS \$61.25	9. Election Campaign Trust Fund Contribu	Financing	\$5.00 May Be Added to Fees	Make Che	eck Payable to nent of State	
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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR