

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90336 044 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P00000041464

1. Entity Name
COCOS GRILL & SPORTS BAR, INC.



Principal Place of Business
5201 GEORGIA AVENUE
WEST PALM BEACH, FL 33405

Mailing Address
425 PLANT TERR
WEST PALM BEACH, FL 33406

90097207



2. Principal Place of Business

3. Mailing Address

5201 GEORGIA AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

W. P. B. FL

4. FEI Number

65-1000175

Applied For

☐ Not Applicable

Zip

Country

Zip

Country

33405

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

RABELO, MARIA A
425 PLANT TERR
WEST PALM BEACH, FL 33406

Name **MARIA RABELO**

Street Address (P.O. Box Number is Not Acceptable)

5201 GEORGIA AVE.

City **W. P. B.**

FL

Zip Code

33405

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

Maria Rabelo

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

(NOTE: Registered Agent signature required when reinstating)

4/18/03

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Delete
NAME **RABELO, MARIA A**
STREET ADDRESS **425 PLANT TERR**
CITY-ST-ZIP **WEST PALM BEACH, FL 33406**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **P.** ☒ Change ☐ Addition
NAME **MARIA RABELO**
STREET ADDRESS **5201 GEORGIA AVE**
CITY-ST-ZIP **W. P. B. FL 33405**

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

TITLE ☐ Change ☐ Addition
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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 607, 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:

Maria Rabelo

Signature and typed or printed name of signing officer or director

4/18/03

Date

Daytime Phone #

CR2E034 (10/02)