

7/26/0

**FILED**  
**Aug 10, 2001 8:00 am**  
**Secretary of State**

07-26-2001 90003 047 \*\*\*150.00

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000043906

1. Entity Name

COCONUT GROVE BED RACE INC.

Principal Place of Business

7500 S.W. 82 AVENUE  
 MIAMI, FL 33143

Mailing Address

7500 S.W. 82 AVENUE  
 MIAMI, FL 33143

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

901 PONCE DE LEON BLVD

Suite, Apt. #, etc.

606

City &amp; State

City &amp; State

CORAL GABLES, FL 33134

Zip

Country

Zip

Country

4. FEI Number

APPLIED FOR.

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional  
 Fee Required

6. Name and Address of Current Registered Agent

CEJAS, SILVIA  
 7500 S.W. 82 AVENUE  
 MIAMI, FL 33143

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
 Tax filing requirement and elects to do so.  
 (See criteria on back)

FILE NOW!!! FEE IS \$150.00  
 After MAY 1, 2001 Fee will be \$550.00  
 Make Check Payable to Department of State

10. Election Campaign Financing  
 Trust Fund Contribution.

☐ \$5.00 May Be  
 Added to Fees

11. OFFICERS AND DIRECTORS

TITLE PD  
 NAME CEJAS, SILVIA  
 STREET ADDRESS 7500 S.W. 82 AVENUE  
 CITY - ST - ZIP MIAMI, FL 33143

☐ Delete

TITLE VD  
 NAME RODRIGUEZ, ELOISE  
 STREET ADDRESS 9004 S.W. 159 AVENUE  
 CITY - ST - ZIP MIAMI, FL 33196

☒ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY - ST - ZIP

☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY - ST - ZIP

☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY - ST - ZIP

☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY - ST - ZIP

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
 NAME  
 STREET ADDRESS  
 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY - ST - ZIP

☐ Change ☐ Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #