

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000090404

1. Entity Name

COCO & LILLY, INC.

**FILED**  
**Apr 23, 2001 8:00 am**  
**Secretary of State**

04-23-2001 90128 032 \*\*\*150.00

Principal Place of Business

12620 FRONT BEACH RD.  
PANAMA CITY BEACH FL 32407

Mailing Address

12620 FRONT BEACH RD.  
PANAMA CITY BEACH FL 32407

2. Principal Place of Business

3. Mailing Address

11401 N.W. 12th St.  
Suite, Apt. #, etc.  
# 220

11401 N.W. 12th St.  
Suite, Apt. #, etc.  
# 220

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip

33172

Country

Zip

33172

Country

4. FEI Number

59-3676948

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

HESS, BRIAN D  
9108 FRONT BEACH RD.  
PANAMA CITY BEACH FL 32407

7. Name and Address of New Registered Agent

Name

JACOB MAMAN

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

11401 N.W. 12th St. # 220

City

MIAMI

FL

Zip Code

33172

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

(NOTE: Registered Agent signature required when reinstating)

APRIL 17-01

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	D	<input type="checkbox"/> Delete
NAME	MAMAN, JACOB	
STREET ADDRESS	12620 FRONT BEACH RD.	
CITY-ST-ZIP	PANAMA CITY BEACH FL 32407	
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"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAMAN, JACOB	
STREET ADDRESS	11401 N.W. 12th St. # 220	
CITY-ST-ZIP	MIAMI, FL 33172	
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

APRIL 17 01 305-591-1222

Date

Daytime Phone #

CP2E034 (10/00)

0463846