

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2002 8:00 am
Secretary of State

05-23-2002 90120 043 ***158.75

DOCUMENT # P01000024442

1. Entity Name
THE COCONUT GROVE GROUP, INC.

Principal Place of Business

**3304 VIRGINIA ST PH-2
 MIAMI FL 33133**

Mailing Address

**3304 VIRGINIA ST PH-2
 MIAMI FL 33133**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-1082154

Applied For
 Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
 Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**LUSCHER, STEPHEN
 3304 VIRGINIA ST PH-2
 MIAMI FL 33133**

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, 2002 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: Delete
 NAME: **LUSCHER, STEPHEN**
 STREET ADDRESS: **3304 VIRGINIA ST PH-2**
 CITY-ST-ZIP: **MIAMI FL 33133**

TITLE: Delete
 NAME: **[REDACTED]**
 STREET ADDRESS: **[REDACTED]**
 CITY-ST-ZIP: **[REDACTED]**

TITLE: Delete
 NAME: **[REDACTED]**
 STREET ADDRESS: **[REDACTED]**
 CITY-ST-ZIP: **[REDACTED]**

TITLE: Delete
 NAME: **[REDACTED]**
 STREET ADDRESS: **[REDACTED]**
 CITY-ST-ZIP: **[REDACTED]**

TITLE: Delete
 NAME: **[REDACTED]**
 STREET ADDRESS: **[REDACTED]**
 CITY-ST-ZIP: **[REDACTED]**

TITLE: Delete
 NAME: **[REDACTED]**
 STREET ADDRESS: **[REDACTED]**
 CITY-ST-ZIP: **[REDACTED]**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: **PRESIDENT** Change Addition
 NAME: **STEPHEN M. LUSCHER**
 STREET ADDRESS: **3304 VIRGINIA ST. PH-2**
 CITY-ST-ZIP: **MIAMI, FL 33133**

TITLE: **TREASURER** Change Addition
 NAME: **JENNY KARINA INFANTE**
 STREET ADDRESS: **3304 VIRGINIA ST. PH-2**
 CITY-ST-ZIP: **MIAMI, FL 33133**

TITLE: Change Addition
 NAME: **[REDACTED]**
 STREET ADDRESS: **[REDACTED]**
 CITY-ST-ZIP: **[REDACTED]**

TITLE: Change Addition
 NAME: **[REDACTED]**
 STREET ADDRESS: **[REDACTED]**
 CITY-ST-ZIP: **[REDACTED]**

TITLE: Change Addition
 NAME: **[REDACTED]**
 STREET ADDRESS: **[REDACTED]**
 CITY-ST-ZIP: **[REDACTED]**

TITLE: Change Addition
 NAME: **[REDACTED]**
 STREET ADDRESS: **[REDACTED]**
 CITY-ST-ZIP: **[REDACTED]**

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: *Jenny Karina Infante*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JENNY KARINA INFANTE 4/29/02 **305-774-0137**
 Date Daytime Phone #

20020327 AV

CR2E034 (9/01)