

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

DOCUMENT # P01000050561

1. Entity Name
COCO PETROLEUM, INC.



Principal Place of Business
805 W ATLANTIC AVE
DELRAY BEACH FL 33444

Mailing Address
805 W ATLANTIC AVE
DELRAY BEACH FL 33444

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91439 049 ***150.00

041447 AV



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-1119825

Applied For
Not Applicable

Zip

Country

Zip

Country

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

RAHMAN, MOHAMMED M
805 W ATLANTIC AVE
DELRAY BEACH FL 33444

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

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
NAME RAHMAN, MOHAMMED M
STREET ADDRESS 503 NEW LAKE DR. 1235 SUSSEX ST
CITY-ST-ZIP BOYNTON BEACH FL 33428 33436

TITLE V
NAME NOOR, LAILA
STREET ADDRESS 241 NE 199 LANE
CITY-ST-ZIP MIAMI FL 33179

TITLE S
NAME MOSSAIN, MOHAMMED A
STREET ADDRESS 20506 NE 9TH CT.
CITY-ST-ZIP MIAMI FL 33179

TITLE MD
NAME RAHUL, M.D.
STREET ADDRESS 4139 OKEECHOBEE BLVD
CITY-ST-ZIP WEST PALM BEACH FL 33409

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

104-22503

CR2E034 (10/02)