

5/28

FILED
Jul 08, 2002 8:00 am
Secretary of State

05-28-2002 91686 013 ***150.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000058116

1. Entity Name
COQUI INTERNATIONAL INC.

Principal Place of Business
8885 RAMBLEWOOD DR., #2111
CORAL SPRINGS FL 33071

Mailing Address
8885 RAMBLEWOOD DR., #2111
CORAL SPRINGS FL 33071



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
8955 Ramblewood DR
 Suite, Apt. #, etc.
#2611

3. Mailing Address
8955 Ramblewood DR
 Suite, Apt. #, etc.
#2611

City & State
Coral Springs FL
 Zip
33071
 Country
Broward

City & State
Coral Springs FL
 Zip
33071
 Country
Broward

4. FEI Number
65-1115066

Applied For
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

GRIMM, PATRICK
8885 RAMBLEWOOD DR., #2111
CORAL SPRINGS FL 33071

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
President
 NAME
Patrick Grimm
 STREET ADDRESS
8955 Ramblewood DR #2611
 CITY-ST-ZIP
Coral Springs FL 33071

☐ Delete

TITLE
V. President
 NAME
Roy Campbell
 STREET ADDRESS
2162 Quail Roost DR
 CITY-ST-ZIP
Weston FL 33028

☐ Delete

TITLE
COO
 NAME
Adariona Marcellino
 STREET ADDRESS
8955 Ramblewood DR #2611
 CITY-ST-ZIP
Coral Springs FL 33071

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 CITY-ST-ZIP

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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

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☐ 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

4/29/02

954-821-4133

Daytime Phone #

CR2E034 (9/01)