

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0043838 AV

DOCUMENT # P01000062010

1. Entity Name  
COK REAL ESTATE OF FLORIDA, INC.



FILED

03 SEP 25 AM 9:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
525 MELALEUCA LANE  
MIAMI FL 33137

Mailing Address  
525 MELALEUCA LANE  
MIAMI FL 33137



REINSTATEMENT  
CHECK HERE IF MAKING CHANGES 03

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-1123404

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

COK, IGOR  
525 MELALEUCA LANE  
MIAMI FL 33137

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 \$550.00

After September 10, 2003 Fee will be \$750.00

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 PDST  
NAME COK, IGOR  
STREET ADDRESS 525 MELALEUCA LANE  
CITY-ST-ZIP MIAMI FL 33137

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

Sept 10, 2003 (786) 229-7879

CR2E034 (4/03)