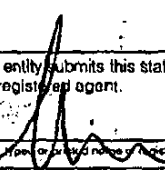


FILED
Jun 23, 2003 8:00 am
Secretary of State

06-23-2003 90060 040 ***150.00

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

DOCUMENT # P01000068172			
1. Entity Name COCOBONGO GRILL & BAR INC.			
Principal Place of Business 11301 S ORANGE BLOSSOM TRAIL ORLANDO FL 32837		Mailing Address 11301 S ORANGE BLOSSOM TRAIL ORLANDO FL 32837	
2. Principal Place of Business 11370 SOUTH O.B.T.		3. Mailing Address 11370 SOUTH ORANGE BLOSSOM TRAIL	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State ORLANDO - FLORIDA		City & State ORLANDO - FLORIDA	
Zip 32837		Zip 32837	
Country U.S.A.		Country U.S.A.	
4. FEI Number 59-3727970		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		☒ CHECK HERE IF MAKING CHANGES	
6. Name and Address of Current Registered Agent RENGIFO, HAROLD 11301 S ORANGE BLOSSOM TRAIL ORLANDO FL 32837		7. Name and Address of New Registered Agent Name: AGUILILLA, LIZZETTE Street Address (P.O. Box Number is Not Acceptable) 11370 SOUTH ORANGE BLOSSOM TRAIL City: ORLANDO FL Zip Code: 32837	
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 		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 NAME STREET ADDRESS CITY - ST - ZIP	P RENGIFO, HAROLD 11301 S ORANGE BLOSSOM TRAIL ORLANDO FL 32837	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D RENGIFO, HAROLD 11370 SOUTH ORANGE BLOSSOM TRAIL ORLANDO, FL 32837
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LOPEZ, DIEGO D 11301 S ORANGE BLOSSOM TRAIL ORLANDO FL 32837	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CORTEZ, FABIAN 11301 S ORANGE BLOSSOM TRAIL ORLANDO FL 32837	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D AGUILILLA, LIZZETTE 11370 SO. ORANGE BLOSSOM TRAIL ORLANDO FL 32837	TITLE NAME STREET ADDRESS CITY - ST - ZIP	P AGUILILLA, LIZZETTE 11370 SOUTH ORANGE BLOSSOM TRAIL ORLANDO FL 32837
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS 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: 		Date	
SIGNATURE AND PRINTED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	

CR2E034 (10/02)