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	Mailing Address
11301 S ORANGE BLOSSOM TRAIL ORLANDO FL 32837	11301 S ORANGE BLOSSOM TRAIL ORLANDO FL 32837

[redacted]

☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
11370 SOUTH O.B.T.	11370 SOUTH ORANGE BLOSSOM TRAIL
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: ORLANDO - FLORIDA	City & State: ORLANDO - FLORIDA
Zip: 32837 Country: U.S.A.	Zip: 32837 Country: U.S.A.

4. FEI Number 59-3727970 ☐ Applied For ☐ Not Applicable

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
RENGIFO, HAROLD 11301 S ORANGE BLOSSOM TRAIL ORLANDO FL 32837	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 _____
Signature, type or print 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	P RENGIFO, HAROLD 11301 S ORANGE BLOSSOM TRAIL ORLANDO FL 32837	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D RENGIFO, HAROLD 11370 SOUTH ORANGE BLOSSOM TRAIL ORLANDO, FL 32837	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LOPEZ, DIEGO D 11301 S ORANGE BLOSSOM TRAIL ORLANDO FL 32837	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CORTEZ, FABIAN 11301 S ORANGE BLOSSOM TRAIL ORLANDO FL 32837	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D AQUILILLA, LIZZETTE 11370 SO.ORANGE BLOSSOM TRAIL ORLANDO FL 32837	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AGUILILLA, LIZZETTE 11370 SOUTH ORANGE BLOSSOM TRAIL ORLANDO FL 32837	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (10/02)

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 #