

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 91186 017 ***150.00

DOCUMENT # P01000074878

1. Entity Name
COCO NAILS, INC.

Principal Place of Business
8840 NW 30 ST UNIT 3
CORAL SPRINGS FL 33065

Mailing Address
8840 NW 30 ST UNIT 3
CORAL SPRINGS FL 33065



2. Principal Place of Business
2550 N UNIVERSITY DR
 Suite, Apt. #, etc.

3. Mailing Address
2550 N UNIVERSITY DR
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
SUNRISE FL

City & State
SUNRISE FL

4. FEI Number
65-1125605

☒ Applied For
☐ Not Applicable

Zip
33322

Country
US

Zip
33322

Country
US

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

6. Name and Address of Current Registered Agent

KEY, IRMA M
8840 NW 30 ST UNIT 3
CORAL SPRINGS FL 33065

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 **PD** ☐ Delete
 NAME **KEY, IRMA M**
 STREET ADDRESS **8840 NW 30 ST UNIT 3**
 CITY-ST-ZIP **CORAL SPRINGS FL 33065**

TITLE **VD** ☐ Delete
 NAME **KEY, EDUARDO F JR**
 STREET ADDRESS **8840 NW 30 ST UNIT 3**
 CITY-ST-ZIP **CORAL SPRINGS FL 33065**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☒ Change ☐ Addition
 NAME **KEY, IRMA M**
 STREET ADDRESS **2550 N UNIVERSITY DR**
 CITY-ST-ZIP **SUNRISE FL 33322**

TITLE **VD** ☒ Change ☐ Addition
 NAME **KEY EDUARDO F JR**
 STREET ADDRESS **2550 N UNIVERSITY DR**
 CITY-ST-ZIP **SUNRISE FL 33322**

TITLE ☐ Change ☐ Addition
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 NAME
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 CITY-ST-ZIP

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-02 1954 741 8322

Date

Daytime Phone #

CR2E034 (9/01)