


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

FILED
May 16, 2003 8:00 A.M.
Secretary of State

DOCUMENT # **P01000102953**

1. Entity Name
COCOPLUM REALTY CORP



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
19910 SW 81st

3. Mailing Address
19910 SW 81st

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

03

City & State
Miami FL

City & State
Miami FL

Zip
33189

Country
USA

Zip
33189

Country
USA

4. FEI Number
266-77-9848

Applied For
☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name
Richard Cappelletti

Street Address (P.O. Box Number is Not Acceptable)
19910 SW 81st

City
Miami FL

Zip
33189

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 **Richard Cappelletti** **5/1/2003**

(NOTE: Registered Agent signature required when reinstating)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRESIDENT RICHARD CAPPELLETTI 19910 SW 81st MIAMI FL 33189	TITLE NAME STREET ADDRESS CITY - ST - ZIP	300020054129 05/23/03--01001--028 **150.00
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DO NOT WRITE IN THIS SPACE

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 on an attachment with an address, with the like empowered.

SIGNATURE: **Richard Cappelletti** **5/1/2003** **338**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)

BB