

## 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000104242

1. Entity Name  
COCONUT CONSIGNMENT CONNECTION, INC.Principal Place of Business  
3424 DUCK AVENUE  
KEY WEST FL 33040Mailing Address  
3424 DUCK AVENUE  
KEY WEST FL 33040 - 4427

2. Principal Place of Business

Suite, Apt. #, etc.

City &amp; State

Zip

Country

Zip  
33040-4427

Country

4. FEI Number  
65-1148077Applied For  
Not Applicable

5. Certificate of Status Desired

 \$8.75 Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

MEYERS, MARY B  
3201 FLAGLER AVENUE  
SUITE 506  
KEY WEST FL 33040

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 State10. Election Campaign Financing  
Trust Fund Contribution.  \$5.00 May Be  
Added to Fees

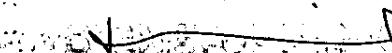
## 11. OFFICERS AND DIRECTORS

TITLE P  Delete  
NAME WALDMAN, SIDNEY  
STREET ADDRESS 833 EISNEHOWER DRIVE., #302  
CITY-ST-ZIP KEY WEST FL 33040-7271TITLE V  Delete  
NAME MORRIS, LISA S  
STREET ADDRESS POST OFFICE BOX 5927  
CITY-ST-ZIP KEY WEST FL 33045TITLE ST  Delete  
NAME WALDMAN, AUDREY  
STREET ADDRESS 833 EISNEHOWER DRIVE 302  
CITY-ST-ZIP KEY WEST FL 33040-7271TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE  Change  Addition  
NAME  
STREET ADDRESS  
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: 

SIDNEY WALDMAN, PRESIDENT 3/4/02 305-293-8999

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

74CP4U

AV

FILED  
Mar 18, 2002 8:00 am  
Secretary of State

03-18-2002 90052 019 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (9/01)