2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

20 UN	003 FOR PROF	IT CORPOR	ATI T (U	ON JBR)	1	FILED May 01, 2003 8:00 am Secretary of State	0225020
DOCU	MENT # P020	00063041			ĺ	Secretary of State	*
1. Entity Nam		COCCOTI			!	05-01-2003 90967 021 ***150.00	₹
•	ARK PROPERTIES, INC.					100000	
					}		
				COD WE THE			
Principal Plac		Mailing Address)		
	BAYSHORE DR.	2453 SOUTH BAYSHORE					
COCONUT G	ROVE FL 33133	COCONUT GROVE FL 3	3133				
					ļ		
2. Principal P	lace of Business	3. Mailing Address				A HORRIGORN THE TRAINE HERE TO HER TO BE AN ARRIVE THE REPORT OF THE PROPERTY	
		1172 5. Di	xie l	nw y			
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		-	ĺ	★ CHECK HERE IF MAKING CHANGES	
		#509				A CHECK FIETE II WAKING CHANGES	_
City & Stat	е .	City & State Coral Gabl	es F	- <u>_</u>		FEI Number 04 - 368 5 2-0 7 Applied For Not Applicable	-
Zip	Country	Zip	Coun	try	,	_ \$9.75 Additional	1
		33 176	L,		<u> </u>	Fee Required	_
<u>-</u>	6. Name and Address of Curren	t Registered Agent		Name	7.	Name and Address of New Registered Agent	┨
SMOAK, JOHN M							
2453 SOUTH BAYSHORE DR.				Street Address (P.O. Box Number is N		3ox Number is Not Acceptable)	}
COCONU	JT GROVE FL 33133						
	-			City		FL Zip Code	ĺ
8. The above	named entity submits this statement	for the purpose of changing its	registere	d office or register	ed aq	gent, or both, in the State of Florida. I am familiar with, and accept	1
the obligated signature :	ions of registered agent.	at and title if applicable. (NOT	E: Registere	d Agent signature required	when re	4/27/03 PATE	
After	ILE NOW!!! FEE IS \$150.00 May 1, 2003 Fee will be \$550.00 Payable to Florida Department	1				9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees	
10.	OFFICERS AND	DIRECTORS	11,		AD	DDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	j _
TITLE	PV	☐ Delete	TITLE			☐ Change ☐ Addition	(10/02)
NAME	SMOAK, JOHN M		NAM	E]			15
STREET ADDRESS	2453 SOUTH BAYSHORE DR.			ET ADDRESS			8
CITY-ST-ZIP	COCONUT GROVE FL 33133		CITY	-ST-ZIP			CR2E034
TITLE	ST	Delete	TITLE	i i		☐ Change ☐ Addition	S.
NAME CIRCET ADDRESS	SMOAK, LINDA		NAM				}
STREET ADDRESS CITY-ST-ZIP	2453 SOUTH BAYSHORE DR. COCONUT-GROVE FL 33133			ET ADDRESS - ST- ZIP			\
TITLE	COCONDIPANOVE FE-33133	☐ Delete	TITLE			☐ Change ☐ Addition	1
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STREET ADDRESS			1	et address			}
CITY-ST-ZIP			CITY	-ST-ZIP			
TITLE		☐ Delete	TITLE			☐ Change ☐ Addition	1
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STREET ADDRESS			STREE	et address			
CITY-ST-ZIP			CITY-	-ST-ZIP			J
TITLE		☐ Delete	TITLE			☐ Change ☐ Addition	
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CITY-ST-ZIP			CITY-	ST-ZIP			4
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STREET ADDRESS : CITY-ST-ZIP	<u>}</u>			ET ADDRESS - ST- ZIP			
	1.0		3.71				1

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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:

4/22/03

305-776-4620