2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 07, 2003 8:00 am
Secretary of State
02-17-2003 90284 008 ***150.00

DOCUMENT # P02000102098

1. Entity Name
COCO & LILLY II, INC.

Principal Place of Business	Mailing Address
3730 SW 51 STREET FT LAUDERDALE FL 33312	3730 SW 51 STREET FT LAUDERDALE FL 33312

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address	
5760 MANOR OAK AVE		5760 MANOR OAK AVE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: FT LAUDERDALE, FL		City & State: FT LAUDERDALE, FL	
Zip: 33312	Country: US	Zip: 33312	Country: US

4. FEI Number 51-0427602 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SHAPIRO, IRA R
16375 NW 18 AVE STE 225
MIAMI BEACH FL 33162

7. Name and Address of New Registered Agent

Name JACOB MAHAN
Street Address (P.O. Box Number is Not Acceptable) 5760 MANOR OAK AVE
City FORT LAUDERDALE FL Zip Code 33312

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, typed or printed 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	D MAMAN, JACOB 3730 SW 51 STREET FT LAUDERDALE FL 33312 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition JACOB MAMAN 5760 MANOR OAK AVE FORT LAUDERDALE, FL 33312
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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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 2 13 03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #