2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P02000105496 DOCUMENT

1. Entity Name

COCONUT GROVE FUELS, INC.



FILED May 05, 2003 8:00 am Secretary of State

05-05-2003 90140 009 ***150.00

						70		}					
Principal Place of Business 12305 SOUTH DIXIE HWY MIAMI FL 33156			12305	Mailing Address 12305 SOUTH DIXIE HWY MIAMI FL 33156									
2. Principal Place of Business				3. Mailing Address						10 0 : 1 1 1	 	101 01111 011110	i i i i i i i i i i i i i i i i i i i
Suite, Apt.	#, etc.	Suit	Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES						
City & Stat	e	City	City & State				4. FEI Number ALLUED FOL				oplied For ot Applicable		
Zip	Country			Zip Country				5. Certificate of Status Desired S8.75 Additional Fee Required					
6. Name and Address of Current F				Registered Agent				7. Name and Address of New Registered Agent					
												9	
	LENARD H		F 4076	Street Addre			Address (I	s (P.O. Box Number is Not Acceptable)					
1320 SOUTH DIXIE HWY, PENTHOUSE 1275 CORAL GABLES FL 33146												<u>_</u> _	
**************************************							City				FL Zip Code		
	named entit ions of regist	y submits this stater ered agent.	ment for the purp	oose of changing its	registere	ed office c	r register	ed age	ent, or both, in th	e State of Flor	ida. I am fa	amiliar with,	and accept
SIGNATURE .	Signature, typed	or printed name of registers	ed agent and title if app	olicable. (NOT	E: Registere	d Agent signa	ture required	when rei	nstating)		DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State										Campaign Fina d Contribution			00 May Be
Make Check	Payable to												
10.	OFFICERS AND DIRECTORS							ADI	DITIONS/CHAN	GES TO OFFIC	CERS AND	DIRECTOR	S IN 11
TITLE				☐ Delete	TITLE		18,5,	τ_i	D	_		Change	Addition
NAME					NAM	E	CAR	کات ا	- Fonties	aya 1			^
STREET ADDRESS					STRE	ET ADDRESS	123	>5 ⁻	S. DIVIE		`		J
CITY-ST-ZIP					CITY	- ST- ZIP	\perp_{\sim}	mil	tmi, fc	<u>3315l</u>	ę		
TITLE]			☐ Delete	TITLE	-	NP		_			Change	Addition
NAME					NAM	E	CAR	L	BEGEL	nty 1			
STREET ADDRESS					STRE	et address	1230	≥5	S. DIVIE	Howy	١		ĺ
CITY-ST-ZIP	_				CITY	-ST-ZIP	w	rp	w, fc	33151	م.		
TITLE				☐ Delete	TITLE		[]	_				Change	☐ Addition
Name					NAM	E)						1
STREET ADDRESS					STRE	et address						. ~	
CITY-ST-ZIP	:		- ·		CITY	- ST-ZIP	 					_ _	
TITLE				Delete	TITLE		1					Change	☐ Addition
NAME					NAM	Ε	1						(
STREET ADDRESS						ET ADDRESS]						
CITY-ST-ZIP					CITY	-ST-ZIP	<u> </u>						
TITLE				☐ Delete	TITLE]					Change	☐ Addition
NAME	1				NAMI	Ε							ļ
STREET ADDRESS					STRE	et address	1						j
CITY-ST-ZIP			<u>-</u>		CITY	- ST- ZIP	L					·	
TITLE				☐ Delete	TITLE		í					☐ Change	☐ Addition
NAME		•			NAM	<u> </u>	j						}
STREET ADDRESS					STRE	et address							
CITY-ST-ZIP						-ST-ZIP	1 _	_		_	_	_	_
12 Uhoroby o	artify that the	information cumplic	nd with this filing	doce not qualify for	r tha avai	nation eta	tod in Sor	ction 1	10.07/3\/i\ Elori	do Statutos I i	further certi	fu that the i	nformation

Thereby certify that the information supplied with this hilling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this 'eport 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #