

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2003 8:00 am
Secretary of State

02-14-2003 90217 021 ***150.00

DOCUMENT # P02000124300

1. Entity Name
COQUI ORLANDO INC.



Principal Place of Business
**8007 WINPINE COURT
ORLANDO FL 32819**

Mailing Address
**8007 WINPINE COURT
ORLANDO FL 32819**

2. Principal Place of Business

3. Mailing Address

5036 Dr. Phillips Blvd. #171

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Orlando, FL

4. FEI Number

90-0052348

Applied For

Not Applicable

Zip

Country

Zip

32819

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**DIAZ, JACKLYN
8007 WINPINE COURT
ORLANDO FL 32819**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE (NOTE: Registered Agent signature required when reinstating)

2/12/03

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

TITLE **D** ☐ Delete
NAME **DIAZ, JACKLYN**
STREET ADDRESS **8007 WINPINE COURT**
CITY-ST-ZIP **ORLANDO FL 32819**

TITLE **PD** ☐ Delete
NAME **VELEZ, FIDENCIO**
STREET ADDRESS **8007 WINPINE COURT**
CITY-ST-ZIP **ORLANDO FL 32819**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **President** ☒ Change ☐ Addition
NAME **DIAZ, JACKLYN**
STREET ADDRESS **5036 Dr. Phillips Blvd. #171**
CITY-ST-ZIP **Orlando, FL 32819**

TITLE **Director** ☒ Change ☐ Addition
NAME **VELEZ, FIDENCIO**
STREET ADDRESS **5036 Dr. Phillips Blvd. #171**
CITY-ST-ZIP **Orlando, FL 32819**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/12/03

Date

407-992-3839

Daytime Phone #

CR25034 (10/02)