2000 UNIFORM BUSINESS REPORT (UBR)

of the corporation or the receiver changed, or on an attachment w

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

FILED DOCUMENT # **P94000015047** Mar 02, 2000 8:00 am 1. Entity Name **Secretary of State** COCO FARMS INC. 03-02-2000 90078 033 ***150.00 Mailing Address Principal Place of Business 85 GRAND CANAL DRIVE 12040 S.W. 173RD ST. **MIAMI FL 33177** MIAMI FL 33144-2569 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0478591 Not Applicable Zip Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Ruiz. John H Street Address (P.O. Box Number is Not Acceptable) 12040 S.W. 173RD STREET MIAMI FL 33125 City 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Delete Addition TITI F ☐ Change TITLE RODRIGUEZ, JUAN NAME NAME STREET ADDRESS STREET ADDRESS 12040 S.W. 173RD ST. CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33177** ſ[™] Addition ☐ Change Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP_ -CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 ental 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 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 an address, with all other like empoyaged. 13. I hereby certify that the information : indicated on this report or supplem

Daytime Phone #