

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000035675

1. Entity Name

COCONUTZ TRADING COMPANY, INC.

FILED
Mar 07, 2000 8:00 am
Secretary of State

03-07-2000 90222 033 ***150.00

Principal Place of Business

Mailing Address

864 CUMBERLAND TERRACE
DAVIE FL 33325

1329 N.W. 161 AVE.
PEMBROKE PINES FL 33028-1233
US

2. Principal Place of Business

18533 J.W. 104 Ave

3. Mailing Address

1329 NW 161 Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Pembroke Pines, FL

4. FEI Number

65-0590232

Applied For

Not Applicable

Zip

33157

Country

USA

Zip

33028

Country

Barbados

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MESSINA, MICHAEL

864 CUMBERLAND TERRACE

DAVIE FL 33325

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

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so. ☐
(See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PSTD
CONIGLIO, STANLEY
14036 S.W. 40 CT
DAVIE FL 33328 ☐ Delete

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

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CITY-ST-ZIP
☐ Change ☐ Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

STANLEY CONIGLIO
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-3-00 954-457-4951
Date Daytime Phone #

CR2E034 (9/99)