

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 20, 2002 8:00 am
Secretary of State

02-20-2002 90138 014 ***150.00

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DOCUMENT # P95000079436

Entity Name

COCONUTS OF INDIAN RIVER, INC.

Principal Place of Business

1966 COMMERCE AVENUE
 VERO BEACH FL 32960

Mailing Address

1966 COMMERCE AVENUE
 VERO BEACH FL 32960



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

2320 OCEAN DR

2320 OCEAN DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

VERO BEACH

City & State

VERO BEACH

Zip

32963

Country

USA

Zip

32963

Country

USA

4. FEI Number

65-0619082

Applied For

Not Applicable

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

TAN, PAMELA

2320 OCEAN DR.
 VERO BEACH FL 32963

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

Pamela Tan PAMELA TAN (OWNER) PRES. 2/2/02

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, 2002 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	P	<input type="checkbox"/> Delete
NAME	TAN, PAMELA B	
STREET ADDRESS	2320 OCEAN DR.	
CITY-ST-ZIP	VERO BEACH FL 32963	
TITLE	VP	<input type="checkbox"/> Delete
NAME	TAN, MELICH O	
STREET ADDRESS	2320 OCEAN DR.	
CITY-ST-ZIP	VERO BEACH FL 32963	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Pamela Tan

2/2/02

561-234-9468

Date

Daytime Phone #

CR2E034 (9/01)