2001 UNIFORM BUSINESS REPORT (UBR)

Apr 28, 2001 8:00 am Secretary of State DOCUMENT # P96000037790 COCO CARGO SERVICES, INC. 04-28-2001 90070 002 ***150.00 Principal Place of Business Mailing Address 8290 LAKE DR 8920 LAKE DR #344 #344 MIAMI FL 33166 **MIAMI FL 33166** HS US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0662346 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required · ----6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BERGEZ, MARTA C Street Address (P.O. Box Number is Not Acceptable) 8290 LAKE DR #344 **MIAMI FL 33166** Zip Code FL 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) 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, 2001 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 OFFICERS AND DIRECTORS 12. 11. Addition ☐ Delete Change TITLE BERGEZ, GUILLERMO A NAME NAME STREET ADDRESS 8290 LAKE DR #344 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL ☐ Addition ST ☐ Delete TITLE TITLE BERGEZ, MARTA C NAME NAME STREET ADDRESS 8290 LAKE DR #344 STREET ADDRESS CITY-ST-ZIP CiTY-ST-ZIP MIAMI FL TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change Addition NAME NAME STREET ADDRESS 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 D

4/23/01

305-718-3583

Daytime Phone #