

2003: UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000037790

1. Entity Name
COCO CARGO SERVICES, INC.

FILED
Apr 17, 2003 8:00 am
Secretary of State

04-17-2003 90185 049 ***150.00

Principal Place of Business 8290 LAKE DR #344 MIAMI FL 33166 US	Mailing Address 8920 LAKE DR #344 MIAMI FL 33166 US
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2. Principal Place of Business 242 ROSEDALE DR. Suite, Apt. #, etc.	3. Mailing Address 242 ROSEDALE DR. Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State Miami Springs, FL	City & State Miami Springs, FL	4. FEI Number 65-0662346	Applied For Not Applicable
Zip 33166	Country US	Zip 33166	Country US

6. Name and Address of Current Registered Agent BERGEZ, MARTA C 8290 LAKE DR #344 MIAMI FL 33166	7. Name and Address of New Registered Agent Name BERGEZ, MARTA C. Street Address (P.O. Box Number is Not Acceptable) 242 ROSEDALE DR. City Miami Springs FL Zip Code 33166
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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 _____ DATE _____
(NOTE: Registered Agent signature required when reinstating)

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
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BERGEZ, GUILLERMO A 8290 LAKE DR #344 MIAMI FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	242 ROSEDALE DR. Miami Springs, FL 33166
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST BERGEZ, MARTA C 8290 LAKE DR #344 MIAMI FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	242 ROSEDALE DR Miami Springs, FL 33166
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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.