## 2001 UNIFORM BUSINESS REPORT (UBR)

## FILED Apr 13, 2001 8:00 am Secretary of State DOCUMENT # P96000068497 COCO-C ENTERTAINMENT, INC. 04-13-2001 90035 001 \*\*\*150.00 Principal Place of Business Mailing Address 1335 NORTHWEST 67TH STREET 1335 NORTHWEST 67TH STREET JACIUV MIAMI FL 33147 MIAMI FL 33147 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0689585 Not Applicable Zip Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LINDSEY, CHANEL Street Address (P.O. Box Number is Not Acceptable) 1335 NORTHWEST 67TH STREET MIAMI FL 33147 Zip Code City FI 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) DATE Signature, typed or printed name of registered agent and title if applicable 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 . 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRE OFFICERS AND DIRECTORS 11. 12. ☐ Addition CR2E034 (10/00 TITLE Delete TITLE HANSHAW, REGINA NAME NAME 1335 N.W. 67TH ST. STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP **MIAMI FL 33147** <u> 33147</u> DP ☐ Change ☐ Addition ☐ Delete TITLE TITLE CHANEL, LINSEY NAME NAME STREET ADDRESS 1335 N.W. 67TH ST. STREET ADDRESS CiTY-ST-7IP CITY-ST-ZIP MIAMI\_FL\_33147\_ Addition TITLE QUINN, TARA NAME NAME STREET ADDRESS STREET ADDRESS 1335 NW 67 STREET CITY-ST-ZIP CITY-ST-ZIP MAIMI FL ☐ Change ☐ Addition TITLE ☐ Delete 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 Change ☐ Delete TITLE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 of 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: