

2003 UNIFORM BUSINESS REPORT (UBR)

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

04-17-2003 90185 048 ***150.00

DOCUMENT # **P96000095559**

1. Entity Name
COCO TILE TRANSPORT, INC.

Principal Place of Business
8290 LAKE DR. #344
MIAMI FL 33166 *> address change*

Mailing Address
8290 LAKE DR. #344
MIAMI FL 33166 *> address change.*



2. Principal Place of Business
P.O. BOX 522942

3. Mailing Address
P.O. BOX 522942

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Miami FL

City & State
Miami FL

Zip
33152

Country
US

4. FEI Number
65-0709096

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

BERGEZ, WILLIAM A
8290 LAKE DR.
#344
MIAMI FL 33166 *> address change*

7. Name and Address of New Registered Agent

Name
BERGEZ, William A.

Street Address (P.O. Box Number is Not Acceptable)
242 ROSEDALE DR.

City
Miami Springs FL Zip Code
33166

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 _____

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

| | | |
|--|---|---------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DP BERGEZ, WILLIAM A 8290 LAKE DR. #344 MIAMI FL 33166 <i>> address change</i> | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ST BERGEZ, MARTA C 8290 LAKE DR. #344 MIAMI FL 33166 <i>> address change</i> | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP BERGEZ, RICHARD A 8290 LAKE DRIVE #344 MIAMI FL 33166 <i>> address change</i> | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|--|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | 242 ROSEDALE DR. Miami Springs, FL 33166 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | 242 ROSEDALE DR. Miami Springs, FL 33166 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | 242 ROSEDALE DR Miami Springs, FL 33166 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> 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 *William A. Bergez* 4/15/03 781-367-9890