2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P97000003193

Entity Name: COCHA WESTON, INC

Address:

City-St-Zip:

13051 SW 29 CT

DAVIE, FL 33330

FILED Jan 14, 2002 8:00 AM Secretary of State

_market		11 LO 1 O11, 11 10.				
Current Principal Place of Business:			New Princ	New Principal Place of Business:		
13051 S.W DAVIE, FL	/. 29TH COUF 333330	RT				
Current M	lailing Addre	ss:	New Mailir	ng Address:		
13051 S.W DAVIE, FL	/. 29TH COUF 33330	RT				
FEI Number	: 65-0718491	FEI Number Applied For()	FEI Number Not Appli	cable ()	Certificate of Status Desired ()	
Name and	Address of (Current Registered Agent:	Name and	Address of I	New Registered Agent:	
LASCURA 13051 SW DAVIE, FL						
	named entity of Florida.	submits this statement for the	purpose of changing it	s registered o	office or registered agent, or both,	
SIGNATU	RE:					
	Electro	nic Signature of Registered A	gent		Date	
		o satisfy its Intangible Tax filing rengering Trust Fund Contribution ().	equirement and elects to d	o so (X).		
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
Title: Name: Address: City-St-Zip:	VPD (ROMERO, ELI 2537 MONTCL WESTON, FL	AIRE CIR	Title: Name: Address: City-St-Zip:	() Change ()Addition	
Title: Name: Address: City-St-Zip:	DVP (LASCURAIN, N 13051 SW 29 DAVIE, FL 33	СТ	Title: Name: Address: City-St-Zip:	() Change ()Addition	
Title: Name: Address: City-St-Zip:	SVP (ROMERO, JOS 2537 MONTCL WESTON, FL	AIRE CIR	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	P (LASCURAIN, E) Delete EUGENIO	Title: Name:	PD (X LASCURAIN, E	() Change()Addition UGENIO	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

13051 SW 29 CT

DAVIE, FL 33330

SIGNATURE: EUGENIO LASCURAIN PD 01/14/2002