

FILED
Jul 02, 2001 8:00 am
Secretary of State

05-23-2001 91155 015 ***150.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000044024

1. Entry Name

COYU, INC.



Principal Place of Business 1393 SW 1st Street
 Suite 300
 Miami, FL 33131

Mailing Address 1393 SW 1st Street
 Suite 300
 Miami, FL 33131

9340

2. Principal Place of Business 1200 Brickell Avenue
3. Mailing Address 1200 Brickell Avenue

Suite, Apt. #, etc. 1440

City & State
 Miami, FL

City & State
 Miami, FL

4. FBI Number
 650917481

Applied For
 Not Applicable

Zip
 33131

Country
 USA

Zip
 33131

Country
 USA

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Manuel A. Ramirez, Esq.
 1200 Brickell Avenue, Suite 1440
 Miami, FL 33131

Name

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

City

FL

Zip Code

8. The above named entry submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida

4/30/01

SIGNATURE

Signature of person or entity name is registered agent, and not a director

(NO) Registered Agent Signature Required when Renouncing

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME Ricardo D'Amato
STREET ADDRESS 1393 SW 1st Street, Suite 300
CITY-STATE-ZIP Miami, FL 33131

TITLE ☒ Change ☐ Addition
NAME Ricardo D'Amato
STREET ADDRESS 1200 Brickell Avenue, Suite 1440
CITY-STATE-ZIP Miami, FL 33131

TITLE ☒ Delete
NAME Gianni Corradi
STREET ADDRESS 1393 SW 1st Street, Suite 300
CITY-STATE-ZIP Miami, FL 33131

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
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CITY-STATE-ZIP

TITLE ☒ Delete
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CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-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 contained 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 business administrator to execute this report as required by Chapter 607 Florida Statutes, and that my name appears in Block 1 or Block 12.

SIGNATURE:

Manuel A. Ramirez, Registered Agent

4/30/01
 TOTAL P.02

Director

Ricardo D'Amato

CR2004 (1/1/01)