FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 MAR 11 AM 11:56

DOCUMENT # P97000095660

1. Entity Name

C.O. GROUP, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
10 Fairway Drive	10 Fairway Drive
Suite, Apt. #, etc.: 202	Suite, Apt. #, etc.: 202
City & State: Deerfield Beach, FL	City & State: Deerfield Beach, FL
Zip: 33441 Country: USA	Zip: 33441 Country: USA

12/19/02-01078-006 $150.00

4. FEI Number: 65-0819131 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Rafi Rubinez

Street Address (P.O. Box Number is Not Acceptable): 10 Fairway Drive Suite 202

City: Deerfield Beach FL Zip Code: 33441

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: _____ Rafi Rubinez 12/13/02

Signature, typed or printed name of registered agent and title if applicable. (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) ☐

January 1 - May 1: Fee is $150.00
After May 1: Fee is $550.00
Amended UBR is $61.25
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 P NAME Rafi Rubinez STREET ADDRESS 10 Fairway Drive Suite 202 CITY-ST-ZIP Deerfield Beach, FL 33441		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME Jack Alfasi STREET ADDRESS 10 Fairway Drive Suite 202 CITY-ST-ZIP Deerfield Beach, FL 33441		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ Rafi Rubinez 12/13/02 954-571-0280

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #