

**2000 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P98000008949**

1. Entity Name

**COCODAIRY CORPORATION****FILED**  
**May 13, 2000 8:00 am**  
**Secretary of State**

05-13-2000 90005 048 \*\*\*150.00

Principal Place of Business

Mailing Address

**6303 NW 42ND TERRACE  
COCONUT CREEK FL 33073****6303 NW 42ND TERRACE  
COCONUT CREEK FL 33073-3266**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

4. FEI Number

**65-0812642**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**NATIONCORP REGISTERED AGENTS INC.  
526 EAST PARK AVENUE  
TALLAHASSEE FL 32301**Name **Hardee Peracsa**

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

**6303 NW 42 Terrace**City **Coconut Creek****FL**

Zip Code

**33073**

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

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)**FILE NOW!!! FEE IS \$150.00  
After MAY 1, 2000 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 **D PERACSA, HARDEE HARDEE PERALTA**  
STREET ADDRESS  
CITY-ST-ZIP **6303 NW 42 TERR  
COCONUT CREEK FL 33073**TITLE ☐ Change ☐ Addition  
NAME  
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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 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: **Hardee Peracsa**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)