

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000029390

1. Entity Name

COCONUT GROVE BUILDERS II, INC.

Principal Place of Business

2929 DAY AVE
MIAMI FL 33133

Mailing Address

2929 DAY AVE
MIAMI FL 33133-5203

2. Principal Place of Business

2640 SW 12 ST.

3. Mailing Address

2640 SW 12 ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI, FL.

City & State

MIAMI, FL.

Zip

Country

33135 MIAMI-DADE

Zip

Country

33135 MIAMI-DADE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MARTINEZ, RAMON S
4146 POINCIANA AVE.
MIAMI FL 33133

Name

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

City

FL

Zip Code

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	PD	<input type="checkbox"/> Delete
NAME	MARTINEZ, RAMON S	
STREET ADDRESS	2929 DAY AVE	
CITY-ST-ZIP	MIAMI FL 33133	
TITLE	VD	<input type="checkbox"/> Delete
NAME	MARTINEZ, RAMON C	
STREET ADDRESS	2929 DAY AVE	
CITY-ST-ZIP	MIAMI FL 33133	
TITLE	VD	<input type="checkbox"/> Delete
NAME	MARTINEZ, ENRIQUE	
STREET ADDRESS	2929 DAY AVE	
CITY-ST-ZIP	MIAMI FL 33133	
TITLE	STD	<input type="checkbox"/> Delete
NAME	MARTINEZ, GEORGINA	
STREET ADDRESS	2929 DAY AVE	
CITY-ST-ZIP	MIAMI FL 33133	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 life empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RAMON S. MARTINEZ

DATES: 4-24-00 305-441-6677

Date

Daytime Phone #

FILED
May 03, 2000 8:00 am
Secretary of State

05-03-2000 90099 041 ***150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0825363

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional Fee Required

CR - 0124 (10/98)