


05-07-2003 90138 026 ***150.00

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # <i>798000070955</i>	
1. Entity Name <i>Coyaba Gallery</i>	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <i>6142 Miramar Pkwy</i> Suite, Apt. #, etc.	3. Mailing Address <i>6142 Miramar Pkwy</i> Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State <i>Miramar Florida</i>	City & State <i>Miramar Florida</i>	4. FEI Number <i>65-0857550</i>	Applied For <input type="checkbox"/> Not Applicable
Zip <i>33023</i>	Country <i>Forward</i>	Zip <i>33023</i>	Country <i>Forward</i>

**DO NOT WRITE
IN THIS SPACE**

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

7. Name and Address of Current Registered Agent	
Name <i>Jessica McHeary</i>	
Street Address (P.O. Box Number is Not Acceptable) <i>6142 Miramar Pkwy # A</i>	
City <i>Miramar</i>	FL Zip Code <i>33023</i>

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Jessica McHeary</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>President Jessica McHeary 6142 Miramar Pkwy Miramar, FL 33023</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
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12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: *Jessica C. McHeary* / *Jessica T. McHeary* 04/30/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

944-987 9290

CR2E034B (12/02)