2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 21, 2001 8:00 am
Secretary of State
03-21-2001 90046 039 ***150.00

DOCUMENT # P98000079122

1. Entity Name: COICOI CORPORATION ✓

Principal Place of Business	Mailing Address
3414 SANDS HARBOUR TRACE POMPANO BEACH FL 33069	1919 NE 45TH STREET 110 FT. LAUDERDALE FL 33308 US

[redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	C/O I. MOREJON 1919 NE 45 ST Suite, Apt. #, etc. 114
City & State	City & State: FT. LAUDERDALE FL
Zip / Country	Zip: 33308 / Country: BROWARD

4. FEI Number: 65-0909736

5. Certificate of Status Desired ☐ Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CHECA, RODOLFO A 3414 SANDS HARBOUR TRACE POMPANO BEACH FL 33069	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P ALVAREZ VISO RAMON I. 3414 SANDS TRACE POMPANO BEACH FL 33069 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete ☐ Add
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPT ALVAREZ CHECA, Rodolfo 3414 SANDS TRACE POMPANO BEACH FL 33069 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete ☐ Add
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S. VISO DE ALVAREZ CONCEPTION T 3414 SANDS HARBOUR TR POMPANO BEACH FL 33069 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete ☐ Add
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete ☐ Add
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete ☐ Add
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete ☐ Add

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 a director or officer 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 above, or on an amendment if addition, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR