

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000079150

1. Entity Name
COCOLAND, INC.

FILED
May 17, 2001 8:00 am
Secretary of State

05-17-2001 90401 015 ***150.00

Principal Place of Business

Mailing Address

7111 GRAND NATIONAL DR.
SUITE 105
ORLANDO FL 32819

7111 GRAND NATIONAL DR.
SUITE 105
ORLANDO FL 32819

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3567517**

Applied For
Not Applicable

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

ACCOUNTING SERVICES OF ORLANDO, INC.
1005 W. OAKRIDGE RD.
SUITE #1
ORLANDO FL 32809

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, 2001 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 **P** ☐ Delete
NAME **ALTAVILLA, NELSON**
STREET ADDRESS **7111 GRAND NATIONAL DR., SUITE 105**
CITY-ST-ZIP **ORLANDO FL 32819**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)



7111 Grand National Dr. ♦ Suite 105 ♦ Orlando, FL 32819
♦ 4073541154 Fax 4073544446 ♦ www.cocoland.net

Attachment

657236
678000071150

May 7, 2001

Uniform Business Report
Division of Corporations

Dear Sirs:

Enclosed is our check # 1536 for \$150, covering the amount of the 2000 UBR. We apologize for the lateness of this check. We have just returned in the U.S. after two week of business in Europe, and we are actually updating our records and payments. We hope that this event does not happen in the future, and the delay has not caused you any inconvenience.

Sincerely,

Nelson Altavilla
President