

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 14, 2000 8:00 am**  
**Secretary of State**

02-14-2000 90002 005 \*\*\*150.00

DOCUMENT # P98000088916

1. Entity Name  
**COCOSA, INC.**

Principal Place of Business  
**9253 ESTATE COVE CIRCLE**  
**9253 ESTATE COVE CIRCLE**  
**MIAMI FL 33196**  
**RIVERVIEW, FL 33569**

Mailing Address  
**9781 SW 155TH AVENUE**  
**MIAMI FL 33196**  
**9253 ESTATE COVE**  
**RIVERVIEW, FL 33569**

**80018746**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**9253 ESTATE COVE CIRCLE**  
Suite, Apt. #, etc.

3. Mailing Address  
**9253 ESTATE COVE CIRCLE**  
Suite, Apt. #, etc.

City & State  
**RIVERVIEW, FL**  
Zip  
**33569**  
Country  
**HILLSBOROUGH**

City & State  
**RIVERVIEW, FL**  
Zip  
**33569**  
Country  
**HILLSBOROUGH**

4. FEI Number  
**65-0870274**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

**VILLASANA, JORGE**  
**9781 SW 155TH AVENUE**  
**MIAMI FL 33196**  
**9253 ESTATE COVE CIRCLE**  
**RIVERVIEW, FL 33569**

## 7. Name and Address of New Registered Agent

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

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	Delete
PC	VILLASANA, JORGE	9781 SW 155 AVE	MIAMI FL 33196	<input type="checkbox"/>
STD	VILLASANA, MARIE P	9781 SW 155 AVE	MIAMI FL 33196	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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:

**JORGE VILLASANA**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**PRESIDENT**

**2-8-00**

Date

**(813) 695-5191**

Daytime Phone #

CR2E034 (9/99)