

## 2000 UNIFORM BUSINESS REPORT (UBR)

4/2

DOCUMENT # P99000044623

1. Entity Name

COCOYA'S ALTERATIONS, INC.

FILED

00 JUN 23 PM 1:36

Principal Place of Business

Mailing Address

6311 SO. WEST 20TH STREET  
MIRAMAR FL 320236311 SO. WEST 20TH STREET  
MIRAMAR FL 32023-2159SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2. Principal Place of Business

3. Mailing Address

1211 N. STATE Rd 7

1211 N. STATE Rd 7

Suite, Apt. #, etc.

Suite, Apt. #, etc.

(441)

City &amp; State

City &amp; State

Hollywood FL

Hollywood FL

Zip

Zip

33021

33021

Country U.S.A.

Country U.S.A.

4. FEI Number

65-099-0211

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

PEREZ, TEODOSIA  
6311 SO. WEST 20TH STREET  
MIRAMAR FL 32023

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 date if applicable.

(NOTE: Registered Agent signature required when resigning)

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 State10. 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.S.T.  
NAME TEODOSIA PEREZ  
STREET ADDRESS 6311 SO. WEST 20th Street  
CITY-ST-ZIP MIRAMAR - FL 32023☐ Delete☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP☐ Delete☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP☐ Delete☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP☐ Delete☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP☐ Delete☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP☐ Delete☐ Change ☐ Addition

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: *Teodosia Perez*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(954) 967-0240

CR2E034 (999)