

**2000 UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT # P99000053461**

1. Entity Name  
**COQUI, INC.**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
00 SEP 25 PM 12:28

Principal Place of Business  
**210 CAPTAIN'S WALK #716  
DELRAY BEACH FL 33483**

Mailing Address  
**210 CAPTAIN'S WALK #716  
DELRAY BEACH FL 33483**

DU104J03



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**900 EAST ATLANTIC AVE**

3. Mailing Address  
**900 EAST ATLANTIC AVE.**

Suite, Apt. #, etc.  
**20**

Suite, Apt. #, etc.  
**20**

City & State  
**DELRAY BCH FL.**

City & State  
**DELRAY BCH FL.**

4. FEI Number  
**#65-0934817**

Applied For  
 Not Applicable

Zip  
**33483**

Country  
**USA**

Zip  
**33483**

Country  
**USA**

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

**JENNINGS, ANITA S  
210 CAPTAIN'S WALK #716  
DELRAY BEACH FL 33483**

Name **ANITA S. JENNINGS**  
Street Address (P.O. Box Number is Not Acceptable)  
**900 EAST ATLANTIC AVE. SUITE 20  
WATERWAY EAST BUILDING  
City DELRAY BCH FL Zip Code 33483**

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 *Anita S. Jennings* President  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing)

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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 NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>JENNINGS, ANITA S</b> <b>210 CAPTAIN'S WALK, #716</b> <b>DELRAY BEACH FL 33483</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>SENDAR, PAULA B</b> <b>5928 BARTRAM STREET</b> <b>BOCA RATON FL 33433</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>500003406618</b> <b>-09/28/00--01079--00</b> <b>***150.00 ***150.00</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Anita S. Jennings*  
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR

Date **8/9/27**  
Daytime Phone # **(561) 276-6964**

C02EX 14 1-0111

Attachment

09900053461

BD104903

# Coqui

Garden & Home  
Accessories • Interiors

July 26, 2000

Florida Department of State  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

Dear Sirs:

This letter is in reference to our 2000 Uniform Business Report. We are a new Corporation that started business in December, 1999. Our business and mailing address changed from when we first incorporated. This could be the reason we never received the initial report to pay on a timely basis.

Enclosed please find our check # 1419 in the amount of \$ 150.00. We respectfully ask that you accept this as payment in full for our 2000 Uniform Business Report and please know this was not a purposeful disregard of the law.

Sincerely,



Anita S. Jennings, as President  
Coqui, Inc.

900 E. Atlantic Ave., Suite 80, Delray Beach, FL 33483  
P 561-276-6464 • F 561-276-9310

