2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # P99000082647 Apr 10, 2000 8:00 am Secretary of State 1. Entity Name THE COCONUT TELEGRAPH CORPORATION 04-10-2000 90165 001 ***150.00 Mailing Address Principal Place of Business 81888 OVERSEAS HIGHWAY 81888 OVERSEAS HIGHWAY ISLAMORADA FL 33036 ISLAMORADA FL 33036-3606 2. Principal Place of Business Mailing Address 10 Flamingo Hammock Rd DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 105-0948211 Not Applicable lamorad Country \$8.75 Additional Zip Zip Country 5. Certificate of Status Desired USA **7**3036 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CORPORATE CREATIONS ENTERPRISES, INC. Street Address (P.O. Box Number is Not Acceptable) 941 FOURTH STREET #200 MIAMI BEACH FL 33139 Zip Code 33030 r ment for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above name submits this sta 1an FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Change Addition Delete TITLE TITLE NAME JOHNSON, BOB STREET ADDRESS STREET ADDRESS 81888 OVERSEAS HIGHWAY CITY-ST-7/P CITY-ST-ZIP ISLAMORADA FL 33036 Delete TITLE TITLE NAME Elamingo Hammock ORTOLANI, ART STREET ADDRESS STREET ADDRESS 81888 OVERSEAS HIGHWAY Samorada CITY-ST-ZIP CITY-ST-ZIP ISLAMORADA FL 33036 ☐ Change Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change □ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this Jing 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 suppliemental 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

305-664-2222

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Daytime Phone 6

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changed, or on an atta

SIGNATURE AND TYPED OR PRIVATED NAME OF SIGNING OFFICER OR DIRECTOR

h all other like empowered

Date