

2000 UNIFORM BUSINESS REPORT (UBR)

5/31

FILED

May 22, 2000 8:00 am
Secretary of State

05-03-2000 90006 032 ***150.00

DOCUMENT # ~~14 99000030036~~ P9900010285E

1. Entity Name

P. P. COCONUT GROVE, INC.

Principal Place of Business

Mailing Address

80 SW 8 Street
Suite 2800
Miami, FL 3313080 SW 8 Street
Suite 2800
Miami, FL 33130.

2. Principal Place of Business

3. Mailing Address

2801 FLORIDA AVENUE

2801 FLORIDA AVENUE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

14

14

City & State

City & State

COCONUT GROVE, FL

COCONUT GROVE, FL

Zip

Zip

Country

Country

33133

USA

33133

USA

4. FEI Number

65-0969002

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

LESLIE ROBERT EVANS
375 SOUTH COUNTY ROAD, SUITE 218
PALM BEACH, FLORIDA 33480Name
LESLIE ROBERT EVANS

Street Address (P.O. Box Number is Not Acceptable)

214 BRAZILIAN AVENUE

SUITE 200

City
PALM BEACH

FL

Zip Code
33480

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

4/17/00

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.
(See criteria on back)☐FILE NOW!!! FEES \$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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	PETER WENZEL	80 SW 8 ST., STE. 2800	MIAMI, FL 33130	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
	PETER WENZEL	2801 FLORIDA AVENUE, STE. 14	COCONUT GROVE, FL 33133	<input checked="" 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"/>
				<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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/17/00

CR2E034 (9/99)