2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE AND

PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mar 14, 2001 8:00 am P99000102855 i DOCUMENT # **Secretary of State** 03-14-2001 90010 036 ***150.00 P.P. COCONUT GROVE, INC. Principal Place of Business Mailing Address . . 2801 FLORIDA AVE. 2801 FIDEIDA AVE. SUITE 14 SVITE 14. A0032865 · COCONUT HEOVE, FL 35133 (DCONUT GROVE, FL 33133 2. Principal Place of Business 2801 FLORIDA 3. Mailing Address 2801 FLORIDA AVE Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. COCONUT City & State 4. FEI Number Applied For COCONUT GROVE GROVE, Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ____ LESUE ROBERT EVANS INJUST MENT CO 214 BRAZILIAN AVE. Box Number is Not Acceptable) SUITE 200 DALM BEACH, FL 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PRESIDENT CR2E034 (11/00) ☐ Addition TITLE ☐ Delete TITLE Change PETER WENZEL NAME NAME 2801 FLORIDA AVE, #14 STREET ADDRESS STREET ADDRESS COCONUT GROUE, FL 33133 CITY-ST-ZIP CITY-ST-ZIP VICE PRESIDENT ☐ Delete TITLE ☐ Change Addition TITLE JOSERH BOAN NAME NAME 2801 FLORIDA AVE., #14 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LOCONUT GROVE, CITY-ST-7IP Delete ☐ Change TITLE Addition TITLE NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Delete TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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:

FILED

Daytime Phone #