

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Sep 11, 2000 8:00 am**  
**Secretary of State**

09-11-2000 90002 006 \*\*\*550.00

**DOCUMENT # P99000103602**

1. Entity Name  
**COCO KIDS, INC.**

DEPARTMENT OF REVENUE

Principal Place of Business  
**3015 GRAND AVE.  
 SUITE 171  
 COCONUT GROVE FL 33133**

Mailing Address  
**3015 GRAND AVE.  
 SUITE 171  
 COCONUT GROVE FL 33133**

00004300



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.  
**SUITE 173**

Suite, Apt. #, etc.  
**SUITE 173**

City & State

City & State

4. FEI Number  
**65-0964676**

Applied For  
 Not Applicable

Zip Country

Zip Country

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

**MALDONADO, MANUEL R  
 6043 S.W. 130TH AVENUE  
 MIAMI FL 33183**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD MALDONADO, MANUEL R 603 S.W. 130TH AVE. MIAMI FL 33183</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"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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
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 or without other like empowered.

SIGNATURE: Manuel R. Maldonado DATE: 09/05/00 DAYTIME PHONE #: 305-387-4300

CR2E034 (5/00)

DOC# P490000103602  
Attachment  
00845915

COCO KIDS  
3015 Grand Avenue - Suite # 173  
COCONUT GROVE, FLORIDA 33133  
U.S.A.  
Phone 305-774-1818  
Fax 305-774-1891

Fax 305-387-4300 - ACCOUNTS PAYABLE

September 5<sup>th</sup>. 2000

**MS. KATHERINE HARRIS**  
Secretary of State

Dear Ms. Harris:

Even I am enclosing my check # 1374 for the amount of \$ 550.00  
I would like to request your kind consideration to eliminate from this payment the  
tremendous penalty of \$ 400.00 based on the circumstances that I did not received the  
first request to fill out the form Uniform Business Report.

I Just start my business and this is the first experience to have to comply  
with this form and to hard for me to pay this important amount that will affect my  
business seriously. As you can see for some reasons the form was sent to a wrong address  
since the store number is 173 the form somebody keep it since was sent to the number  
171 instead.

I beg you your kind consideration to eliminate or reduce this penalty since  
I did not comply on time due to I were not aware of this form.

Sincerely

COCO KIDS, INC.

  
Manuel Maldonado  
President