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FILED
May 30, 2002 8:00 am
Secretary of State

03-14-2002 90058 009 ***150.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000105435

1. Entity Name
COCOA KROME CORPORATION

Principal Place of Business
16531 SW 104 AVE
MIAMI FL 33157

Mailing Address
16531 SW 104 AVE
MIAMI FL 33157

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
24800 SW 177 AV	736 Limestone RD
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: HOMESTEAD FL	City & State: Dothan, AL
Zip: 33031 Country: DADE	Zip: 36301 Country:

4. FEI Number 65-0965549 ☐ 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
GUGLIUZZA, SALVATORE 16531 SW 104 AVE MIAMI FL	JOHN MAAS Street Address (P.O. Box Number is Not Acceptable): 44 NE 16 STREET City: HOMESTEAD, FL Zip Code: 33030

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: John F. Maas, Esq. 2/04/02
Signature, typed or printed name of registered agent and title if applicable. (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 $150.00
After May 1, 2002 Fee will be $550.00
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	D LOPEZ, GLORIA 16531 SW 104 AVE MIAMI FL 33157 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P/S/T 17320 SW 288 ST. HOMESTEAD, FL 33030 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (9/01)

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] 01-29-02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #