

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2002 8:00 am
Secretary of State

05-03-2002 90037 024 ***150.00

DOCUMENT # P99000109414

1. Entity Name
COCOA GAS, INC.

Principal Place of Business

**1301 BEVILLE ROAD
 UNIT 7
 DAYTONA BEACH FL 32119
 US**

Mailing Address

**1301 BEVILLE ROAD
 UNIT 7
 DAYTONA BEACH FL 32119
 US**

2. Principal Place of Business

**935 N. COCOA BLVD
 Suite, Apt. #, etc.**

3. Mailing Address

**821 SPRING PARK LOOP
 Suite, Apt. #, etc.**

City & State

COCOA, FLORIDA

City & State

CELEBRATION, FLORIDA

Zip

32922

Country

BREVARD

Zip

34747

Country

OSCEOLA

4. FEI Number

59-3622662

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**AMENDOLAGINE, MARILYN
 1301 BEVILLE ROAD UNIT 19
 DAYTONA BEACH FL 32119**

7. Name and Address of New Registered Agent

Name

ELDA MULATERO

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

821 SPRING PARK LOOP

City

CELEBRATION

FL

Zip Code

34747

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 **ELDA MULATERO SECRETARY**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

04/18/02
 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

TITLE **P** ☐ Delete
 NAME **AMENDOLAGINE, MICHAEL**
 STREET ADDRESS **1301 BEVILLE ROAD UNIT 7**
 CITY-ST-ZIP **DAYTONA BEACH FL 32119**

TITLE **VST** ☒ Delete
 NAME **AMENDOLAGINE, MARILYN**
 STREET ADDRESS **1301 BEVILLE ROAD UNIT 19**
 CITY-ST-ZIP **DAYTONA BEACH FL 32119**

TITLE **P/D** ☐ Delete
 NAME **MULATERO, RICHARDO**
 STREET ADDRESS **821 SPRING PARK LOOP**
 CITY-ST-ZIP **CELEBRATION FL 34747**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **V/D** ☒ Change ☐ Addition
 NAME **MULATERO, RICARDO**
 STREET ADDRESS **821 SPRING PARK LOOP**
 CITY-ST-ZIP **CELEBRATION, FL 34747**

TITLE **S/T** ☐ Change ☒ Addition
 NAME **MULATERO, ELDA**
 STREET ADDRESS **821 SPRING PARK LOOP**
 CITY-ST-ZIP **CELEBRATION, FL 34747**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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: **RICARDO MULATERO V/D**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/18/02

Date

407-492-5983

Daytime Phone #

CR2E034 (9/01)