

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.



DO NOT WRITE IN THIS SPACE

City & State
COCOA, FLORIDA

City & State
CELEBRATION, FLORIDA

4. FEI Number **59-3622662**

Applied For
 Not Applicable

Zip
32922

Country
BREVARD

Zip
34747

Country
OSCEOLA

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 *Elvando* **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	<input type="checkbox"/> Delete
NAME	AMENDOLAGINE, MICHAEL	
STREET ADDRESS	1301 BEVILLE ROAD UNIT 7	
CITY-ST-ZIP	DAYTONA BEACH FL 32119	
TITLE	VST	<input checked="" type="checkbox"/> Delete
NAME	AMENDOLAGINE, MARILYN	
STREET ADDRESS	1301 BEVILLE ROAD UNIT 19	
CITY-ST-ZIP	DAYTONA BEACH FL 32119	
TITLE	P/D	<input type="checkbox"/> Delete
NAME	MULATERO, RICARDO	
STREET ADDRESS	821 SPRING PARK LOOP	
CITY-ST-ZIP	CELEBRATION FL 34747	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	V/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MULATERO, RICARDO	
STREET ADDRESS	821 SPRING PARK LOOP	
CITY-ST-ZIP	CELEBRATION, FL 34747	
TITLE	S/T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MULATERO, ELDA	
STREET ADDRESS	821 SPRING PARK LOOP	
CITY-ST-ZIP	CELEBRATION, FL 34747	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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)(f), 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* **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)