2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 28, 2002 8:00 am
Secretary of State
02-18-2002 90004 045 ****61.25

DOCUMENT # N11627

1. Entity Name

COOPPA, INC.

Principal Place of Business	Mailing Address
13550 SW 10TH STREET PEMBROKE PINES FL 33027	13550 SW 10TH STREET PEMBROKE PINES FL 33027

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-2564178 ☐ 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
FRIEDMAN, STEVEN ESQ 235 NORTH UNIVERSITY DR PEMBROKE PINES FL 33024	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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD SHULTZ, RAYMOND 650 SW 124TH TERRACE PEMBROKE PINES FL 33027	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD GRANT, ROBERT 13255 SW 16TH CT PEMBROKE PINES FL 33027	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD SIKOW, FLORENCE 13355 SW 16TH CT, E408 PEMBROKE PINES FL 33027	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S D HALLEN, Evelyn 1650 S.W. 124th Terr. D-412 Pembroke Pines, FL 33027	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 7/23/02 954-437-8866
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Attachment
39869
N11627

Cooppa, Inc.

CENTURY VILLAGE
13550 S.W. 10th STREET • PEMBROKE PINES, FL 33027 • (954) 437-8864
FAX: (954) 437-6380

7.23.02

Division of Corporations
P.O. Box 1600
Tallahassee, Fl. 32302

Re: Revised VBR 2002

To whs it may concern.

We have revised the 2002 VBR
To comply with 3 director requirement.
Evelyn Hallen, shown in box 11 is also
a director as indicated by "D"

Thanks for cooperation.

Sincerely,
Robert T Grant
Treasurer