

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 23, 2007 8:00 am
Secretary of State

01-23-2007 90019 030 ***150.00

DOCUMENT # P05000049947

1. Entity Name

KOOPERMAN ASSOCIATES, INC.



Principal Place of Business

13752 NW 10 COURT
PEMBROKE PINES FL 33028
US

Mailing Address

13752 NW 10 COURT
PEMBROKE PINES FL 33028
US



2. Principal Place of Business - No P.O. Box #

197 S. Federal Highway
Suite, Apt. #, etc.
100

3. Mailing Address

13752 NW 10th Ct.
Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/06)

City & State

Boca Raton, FL

City & State

Pembroke Pines, FL

Zip

33432

Country

Palm Beach

Zip

33028

Country

Broward

4. FEI Number

20-2659449

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KOOPERMAN, DAN
13752 NW 10 COURT
PEMBROKE PINES FL 33028

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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 \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE: P,T ☐ Delete
NAME: KOOPERMAN, DAN
STREET ADDRESS: 13752 NW 10 COURT
CITY- ST- ZIP: PEMBROKE PINES FL 33028

TITLE: VP,S ☐ Delete
NAME: KOOPERMAN, JANET
STREET ADDRESS: 13752 NW 10 COURT
CITY- ST- ZIP: PEMBROKE PINES, FL 33028

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY- ST- ZIP:

TITLE: ☐ Delete
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TITLE: ☐ Delete
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TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY- ST- ZIP:

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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CITY- ST- ZIP:

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/19/07

954-401-0232