

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 17, 2002 8:00 am
Secretary of State

01-17-2002 90008 008 ***150.00

DOCUMENT # P93000050053

1. Entity Name

COOPER CREDIT AND COMMERCE INTERNATIONAL, INC.

Principal Place of Business

**%11330 S.W. 115TH TERRACE
 MIAMI FL 33176**

Mailing Address

**%11330 S.W. 115TH TERRACE
 MIAMI FL 33176**

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

65-0456249

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**MOGHADDAM, ANVAR B
 11330 S.W. 115 TERRACE
 MIAMI FL 33176**

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.

SIGNATURE

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

TITLE **VP** ☐ Delete
 NAME **BEHNAM BASHIRI**
 STREET ADDRESS **11330 S.W. 115 TERRACE**
 CITY-ST-ZIP **MIAMI FL**

TITLE **VP** ☐ Delete
 NAME **ROSA LINA COBIAN**
 STREET ADDRESS **3510 BISCAYNE BLVD**
 CITY-ST-ZIP **MIAMI FL 33137**

TITLE **V/P** ☐ Delete
 NAME **MOHSEN KHATIBI**
 STREET ADDRESS **1050 95 ST #8**
 CITY-ST-ZIP **BAY HARBOR FL 33154**

TITLE **V/P** ☐ Delete
 NAME **KUROSH B. MOGHADDAM**
 STREET ADDRESS **11330 SW 115 TERR**
 CITY-ST-ZIP **MIAMI FL 33176**

TITLE **VP** ☐ Delete
 NAME **MOGHADDAM, KAMBIZ B.**
 STREET ADDRESS **11330 SW 115 TERRACE**
 CITY-ST-ZIP **MIAMI FL**

TITLE **VP** ☐ Delete
 NAME **TRAPAGA, MAGGIE**
 STREET ADDRESS **3510 BISCAYNE BLVD**
 CITY-ST-ZIP **MIAMI FL**

12. 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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)