

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000009873

1. Entity Name

MOPA, LC

Principal Place of Business

% 511 NE THIRD AVE., 2ND FLOOR  
FT. LAUDERDALE FL 33301

Mailing Address

% 511 NE THIRD AVE., 2ND FLOOR  
FT. LAUDERDALE FL 33301

2. Principal Place of Business

1601 N Halifax Ave

3. Mailing Address

1601 N Halifax Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Daytona Beach FL

City & State

Daytona Beach FL

Zip

Country

32118 USA

Zip

Country

32118 USA

4. FEI Number

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BENNETT, JOSH N

% 511 NE THIRD AVE., 2ND FLOOR  
FT. LAUDERDALE FL 33301

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 \$50.00  
Make Check Payable to Department of State

600004078546-5  
-04/25/01--01104--016  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

9. MANAGING MEMBERS / MEMBERS

10.

ADDITIONS / CHANGES

TITLE MGRM  
NAME THE JUPITER TRUST  
STREET ADDRESS CDIB BUILDING, AVARUA  
CITY-ST-ZIP RAROTONGA, COOK ISLANDS ☐ Delete

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

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

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

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

Steve Schlusberg

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4-15-01 904 257-2026 x307

0032373 SP

CR2E083 (11/00)

FILED  
01 APR 18 PM 2:48  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE