## FILED Apr 07, 2003 8:00 am Secretary of State

04-07-2003 90161 024 \*\*\*150.00

## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

Zip

COPROLITE CORP

**SUITE 2130** MIAMI FL 33131

SIGNATURE

10.

TITLE

NAME

TITLE NAME

STREET ADDRESS

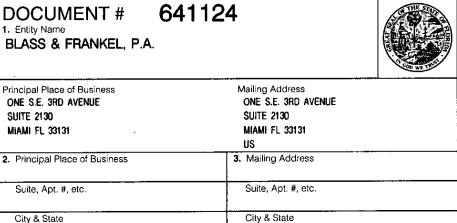
STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

1 SE 3RD AVE SUITE 1400

BLASS & FRANKEL, P.A.



Zip

	☐ CHECK HERE IF MAKING	G CHANGES
	4. FEI Number 57.0004004	Applied For
	57-0691094	Not Applicable
1	5. Certificate of Status Desired	\$8.75 Additional Fee Required
	7. Name and Address of New Registered	Agent
Name		
Street Addr	ess (P.O. Box Number is Not Acceptable)	

	• · · · · · · · · · · · · · · · · · · ·	
8.	The above named entity submits this statement for the purpose of changing its register	ed office or registered agent, or both, in the State of Florida. I am familiar with, and accep
	the obligations of registered agent.	
	- 경찰	

11.

City

(NOTE: Registered Agent signature required when reinstating)

Country

٠.	FILE NOW!!! FEE IS \$150.00
	After May 1, 2003 Fee will be \$550.00
Make	Check Payable to Florida Department of State

Country

6. Name and Address of Current Registered Agent

Signature, typed or printed name of registered agent and title it applicable.

OFFICERS AND DIRECTORS

9. Election Campaign Financing Trust Fund Contribution.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

\$5.00 May Be Added to Fees

Zip Code

☐ Change ☐ Addition TITLE TITLE ☐ Delete BLASS, STEPHEN A NAME NAME 1 SE 3RD AVE., SUITE 2130 STREET ADDRESS STREET ADDRESS **MIAMI FL 33131** CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE DVS ☐ Delete TITLE NAME FRANKEL. MELVIN F NAME 1 SE 3RD AVE., SUITE 2130 STREET ADDRESS STREET ADDRESS MIAMI FL 33131 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 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 empowéred

TITLE

NAME

TITLE

NAME STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE:

☐ Delete

☐ Delete

☐ Change

☐ Change

Addition

☐ Addition