

# 2001 UNIFORM BUSINESS REPORT (UBR)

0008575 AF

DOCUMENT # A97000002724

1. Entity Name

C O P, LTD.

FILED

01 APR 16 AM 10:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

218 ROYAL PALM WAY  
PALM BEACH FL 33480

Mailing Address

PO BOX 2771  
PALM BEACH FL 33480



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

324 Royal Palm Way  
Suite, Apt. #, etc.  
Ste. 231

3. Mailing Address

Suite, Apt. #, etc.

City & State

Palm Beach, FL  
Zip  
33480 Country  
USA

City & State

Zip

Country

4. FEI Number

65-0808472

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

~~HAISFIELD, RANDY~~

~~218 ROYAL PALM WAY~~ 324 Royal Palm Way, Suite 231  
PALM BEACH FL 33480

7. Name and Address of New Registered Agent

Name

Marc Haisfield

Street Address (P.O. Box Number is Not Acceptable)

324 Royal Palm Way  
Suite 231

City

Palm Beach FL

Zip Code

33480

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]*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions  
as Shown on record.

\$2,000.00

10. Amount of Capital Contributions  
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE  
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

DOCUMENT # P97000105307  
NAME SE FLORIDA PROPERTIES, INC.  
STREET ADDRESS 735 COLORADO AVENUE, SUITE 6  
CITY-ST-ZIP STUART FL 34994

13. ADDRESS CHANGES ONLY

STREET ADDRESS

324 Royal Palm Way, Ste. 231

CITY-ST-ZIP

Palm Beach, FL. 33480

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Marc Haisfield Director of B.P. 4/11/01 561-655-2825

Date

Daytime Phone #

CR2E003 (11/00)