

# 2001 UNIFORM BUSINESS REPORT (UBR)

0028314 AF

DOCUMENT # L00000004181

1. Entity Name  
COPPER LLC

FILED

01 APR -4 AM 7:59

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
14600 32 MILE ROAD  
WASHINGTON TOWNSHIP MI 48095

Mailing Address  
14600 32 MILE ROAD  
WASHINGTON TOWNSHIP MI 48095



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
300 Briny Avenue  
Suite, Apt. #, etc.

3. Mailing Address  
300 Briny Avenue  
Suite, Apt. #, etc.

City & State  
Pompano Beach, FL  
Zip  
33062  
Country  
Broward

City & State  
Pompano Beach, FL  
Zip  
33062  
Country  
Broward

4. FEI Number  
582537141  
Applied For  
Not Applicable

5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent  
LA SALLE, THOMAS L  
5353 N. FEDERAL HIGHWAY, SUITE 405  
FT. LAUDERDALE FL 33308

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Joseph A. Karam 3/27/01 954-941-7200  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)