2001	I UNIFORM BUSI	NESS REPO	RT	(UBR)					Š	
DOCUMENT # L0000013938										
1. Entity Name COPANS-ALLSTATE, LLC						FILED				
						01 FEB = 2 AM 10: 05				
Principal Place of Business Mailing Address ONE SOUTHEAST THIRD AVENUE. SUITE 1700 ONE SOUTHEAS' MIAMI FL 33131 MIAMI FL 33131			THEAST THIRD AVENUE, SUITE 1700			SEGRETARY OF STATE TABLEAHASSEE, FLORIDA				
2. Principal Place of Business		3. Mailing Address				1884181: BU 48141 8814 8811; 88141 88117 88	(81 900	141 0 1 1011 1001		
Suite, Apt. #, etc.		Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE				
City & State		City & State			4. FEIN	4. FEI Number 65-/05 44 16 Applied For Not Applicable				
Zip Country		Zip Coun		itry	5. Certificate of Status Desired \$5.00 Additional Fee Required					
	6. Name and Address of Current F	legistered Agent		7. Name and Address of New Registered Agent						
- DAZOOV, DICHADO I				Name						
RAZOOK; RICHARD J ONE SOUTHEAST THIRD AVENUE, SUITE 1700 MIAMI FL 33131				Street Addres	ss (P.O. Box N	lumber is Not Acceptable)	-	- Julyur'	1	
MIAMI FL			City	FL Zip Code						
D. The change of										
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 on privilegy after bit registered agent and title it applicable. (NOTE: Registered Agent signature required when reinstating) DATE										
	9			_				1		
				FEE IS \$50.0						
	•	Make Check Paya	ible t	o pepartment	t of State					
9.	MANAGING MEMBE	RS/MEMBERS	10.			ADDITIONS/CHANG	ES		1.	
TITLE NAME	MEMBER	Delete	TITLE			50000366		Addition	100	
STREET ADDRESS CITY-ST-ZIP	MICHEL N. I ONE SOUTHERS SUITE 1700, MIN	THIRD AVE.		ET ADDRESS		-02/09/01 *****50.0		-011 50.00	1083 /	
TITLE	MEMBER	□ Delete	TITLE				☐ Change	Addition	SE S	
NAME STREET ADDRESS	SONIA ZARZUR ONE SOUTHEAS SUITE 1700, MI	de DACCACH	NAM:	E Et address			•			
CITY-ST-ZIP	SULTE 1700 M	I JAIKU AVE.		-ST-ZIP						
TITLE	30,72 ,,00,7,7,7	Delete	TITLE				☐ Change	Addition	1	
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STREET ADDRESS				ET ADDRESS		•				
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CITY-ST-ZIP	,			-ST-ZIP						
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NAME 3	• .		NAMI				5	İ	1	
STREET ADDRESS CITY-ST-ZIP				ET ADDRESS -St-zip		- //				
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NAME			NAM	E					ĺ	
STREET ADDRESS	•			ET ADDRESS			Ŷ			
CITY-ST-ZIP	partification info	ble filling plant and a set of the		-ST-ZIP	04	OZIONI) Flancis Original Control	41611 - 2 - 2 - 2	.f.,	ļ	
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 transfer 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 of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.										
Moseph										
SIGNATURE: SIGNATURE REQUERED 1/2 4/0/ 305-350-7200 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Destrict Phone #										
	<u> </u>					`			1	