

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L82138

1. Entity Name

COPACHO ENTERPRISES, INC.

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90016 027 ***150.00

Principal Place of Business

Mailing Address

1555 NW 91 AVE
822
CORAL SPRINGS FL 33071
US

P.O. BOX 771116
CORAL SPRINGS FL 33077-1116

2. Principal Place of Business

3. Mailing Address

15923 KINGSMOOR WAY
Suite, Apt. #, etc.

P.O. Box 4583
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
MIAMI LAKES, FL

City & State
HIALEAH, FL

4. FEI Number 65-0206783

Applied For
Not Applicable

Zip 33014 Country USA

Zip 33014 Country USA

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DURAN, FRANK X
1605 NW 91 AVE
#218
CORAL SPRINGS FL 33071

Name
Street Address (P.O. Box Number is Not Acceptable)
15923 KINGSMOOR WAY
City MIAMI LAKES FL Zip Code 33014

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☒

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DPV
NAME DURAN, FRANK X.
STREET ADDRESS 1574 NW 85 DR
CITY-ST-ZIP CORAL SPRINGS FL ☐ Delete

TITLE P/T/S
NAME
STREET ADDRESS 15923 KINGSMOOR WAY
CITY-ST-ZIP MIAMI LAKES, FL 33014 ☒ Change ☐ Addition

TITLE TSC
NAME DURAN, FRANK X
STREET ADDRESS 1574 NW 85 DR
CITY-ST-ZIP CORAL SPRINGS FL ☒ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

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

13. 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 reports 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-13-00 (305) 512-3569

CR2E034 (9/99)