

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L98000002630

1. Entity Name

Copernicus Research & Consulting, LLC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 JUL 10 AM 9:25

Principal Place of Business

Mailing Address

2. Principal Place of Business

21218 St. Andrews Blvd.

3. Mailing Address

21218 St. Andrews Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#116

#116

City & State

City & State

Boca Raton, FL

Boca Raton, FL

Zip

Country

Zip

Country

33433

USA

33433

USA

6. Name and Address of Current Registered Agent

4. FEI Number

65-0913354

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional Fee Required

7. Name and Address of New Registered Agent

Name

Claudia Zylberberg

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

21218 St. Andrews Boulevard, #116

City

Boca Raton

FL

Zip Code

33433

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

Claudia Zylberberg, Manager

(NOTE: Registered Agent signature required when re-registering)

DATE

07/06/2000

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State

9.

MANAGING MEMBERS/MEMBERS

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Manager

Claudia Zylberberg

21218 St. Andrews Blvd., #116

Boca Raton, FL 33433

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

10.

ADDITIONS/CHANGES

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change

☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change

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TITLE

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STREET ADDRESS

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☐ Change

☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change

☐ 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:

Claudia Zylberberg

Claudia Zylberberg 07/06/2000 (561) 702-7524

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

CR2E083 (11/99)