2001 UNIFORM BUSINESS REPORT (UBR) Apr 13, 2001 8:00 am Secretary of State **DOCUMENT # M21109** 1. Entity Name WHER & KOPERMAN, PA EBERTO A. VITIER, P. A. 04-13-2001 90045 002 ***150.00 Principal Place of Business Mailing Address WITTER & KOPETMAN PAPERTO A.VITIER 2655 LEJEUNE RD STE PH28 VALUE & KOPETMAN PAEBERTO A. VITIER, 2655 LEJEUNE RD STE PH-2-B 00035649 CORAL GABLES FL 33134 P.A. CORAL GABLES FL 33134 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-2581572 Not Applicable Zip . Country Country Zip **\$8.75** Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name VITIER, EBERTO A Street Address (P.O. Box Number is Not Acceptable) 2655 LE JEUNE ROAD STE PH 2-B **CORAL GABLES FL 33134** Zip Code City FL 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. DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. DP Change ☐ Addition TITLE □ Delete TITLE PHYSERP/EEERTO A. vitier, eberto A. NAME NAME 2655 LE JEUNE ROAD STE PH 2-B STREET ADDRESS STREET ADDRESS 2655 LeJeune Road Ste. PH II B CITY-ST-ZIP CITY-ST-ZIP CORAL GABLES FL Coral Gables, Fl 33134 Change ☐ Addition TITLE TITLE Delete KOPETMAN, VANESSA NAME NAME 14020 SW 104 AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33176** CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 report 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.

TITLE

NAME

TITLE

NAME

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

SIGNATURE:

TITLE

NAME STREET ADDRESS

TITLE

NAME

CITY-ST-7IP

STREET ADDRESS

CITY-ST-ZIP

SCHATUSE AND THE OR DESIRED AND SECRET OF THE PROPERTY AND THE PROPERTY OF THE

☐ Delete

Delete

Virian 4/10/01 305- 444-7855

☐ Change

Change

☐ Addition

☐ Addition