

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2003 8:00 am
Secretary of State

01-23-2003 90185 027 *****61.25

DOCUMENT # N01000008838

1. Entity Name
COPSCARE, INC.



Principal Place of Business
**1279 NE 79 ST. UNIT A4
MIAMI FL 33138**

Mailing Address
**19521 W LAKE DR
MIAMI FL 33015**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-1158717**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GREEN, GERALD N
19521 W LAKE DR
MIAMI FL 33015**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	GREEN, GERALD N	
STREET ADDRESS	19521 W LAKE DR	
CITY-ST-ZIP	MIAMI FL 33015-5546	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HAMILTON-GREEN, CATHY	
STREET ADDRESS	19521 W LAKE DR	
CITY-ST-ZIP	MIAMI FL 33015-5546	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GREEN, RICHARD	
STREET ADDRESS	19521 W LAKE DR	
CITY-ST-ZIP	MIAMI FL 33015-5546	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P/M	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREEN, GERALD	
STREET ADDRESS	19521 W LAKE DR.	
CITY-ST-ZIP	MIAMI, FL 33015	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RIVERO, David	
STREET ADDRESS	400 NW 2 AVE	
CITY-ST-ZIP	MIAMI, FL 33128	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Williams, Bruce	
STREET ADDRESS	21381 HIGHLANDS LAKE BLVD.	
CITY-ST-ZIP	N. MIAMI BCH, FL 33179	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WOODS, Mary Lou	
STREET ADDRESS	1623 EAST LAKE WAY	
CITY-ST-ZIP	WESTON, FL 33324	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VIERA, Melie	
STREET ADDRESS	799 BRICKELL PLAZA, Suite 606	
CITY-ST-ZIP	MIAMI, FL 33131	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E037 (10/02)

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Signature Required

JAN. 10, 2003 305.816.0911