

**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 A-4  
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

4. FEI Number **65-1158717**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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 \_\_\_\_\_ (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	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>GREEN, GERALD N</b>	
STREET ADDRESS	<b>19521 W LAKE DR</b>	
CITY-ST-ZIP	<b>MIAMI FL 33015-5546</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>HAMILTON-GREEN, CATHY</b>	
STREET ADDRESS	<b>19521 W LAKE DR</b>	
CITY-ST-ZIP	<b>MIAMI FL 33015-5546</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>GREEN, RICHARD</b>	
STREET ADDRESS	<b>19521 W LAKE DR</b>	
CITY-ST-ZIP	<b>MIAMI FL 33015-5546</b>	
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	<b>P/M</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GREEN, GERALD</b>	
STREET ADDRESS	<b>19521 W LAKE DR.</b>	
CITY-ST-ZIP	<b>MIAMI, FL 33015</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>RIVERO, DAVID</b>	
STREET ADDRESS	<b>400 NW 2 AVE</b>	
CITY-ST-ZIP	<b>MIAMI, FL 33128</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Williams, Bruce</b>	
STREET ADDRESS	<b>21381 HIGHLANDS LAKE BLVD.</b>	
CITY-ST-ZIP	<b>N. MIAMI BCH, FL 33179</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>WOODS, Mary Lou</b>	
STREET ADDRESS	<b>1623 EAST LAKE WAY</b>	
CITY-ST-ZIP	<b>WESTON, FL 33324</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>VIERA, Melie</b>	
STREET ADDRESS	<b>799 BRICKELL PLAZA, Suite 606</b>	
CITY-ST-ZIP	<b>MIAMI, FL 33131</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Gerald N. Green* **NO SIGNATURE REQUIRED** **JAN. 10, 2003 305.816.0911**

CR2E037 (10/02)