2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N45398

1. Entity Name

ASOCIACION GRAN COOPERADOR, INC.

Principal Place of Business	Mailing Address
8001 SW 24TH ST MIAMI FL 33155 US	8001 SW 24TH ST MIAMI FL 33155 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	**3.** Mailing Address
8345 SW 24 ST	8345 SW 24 ST
Suite, Apt. #, etc. A	Suite, Apt. #, etc. A
City & State MIAMI FL	City & State MIAMI FL
Zip 33155 Country USA	Zip 33155 Country USA

4. FEI Number 65-0289043   ☐ Applied For   ☐ Not Applicable

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
BENITEZ, JUAN M. 8001 SW 24TH ST MIAMI FL 33155	Name Street Address (P.O. Box Number is Not Acceptable) 8345 SW 24 ST — STE. A City MIAMI FL Zip Code 33155

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

FILE NOW: FEE IS $61.25	**9.** Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	**Make Check Payable to Department of State**

10.	OFFICERS AND DIRECTORS		**11.**	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BUSCH, ORLANDO 1777 SW 21 AVE MIAMI FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARTINEZ, R 3081 NW 13 ST MIAMI FL 33125	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GARCIA, HUGO 935 SW 30 AVE #92 MIAMI FL 33135	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BENITEZ, JUAN M. 8001 SW 24TH ST MIAMI FL 33155	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	8345 SW 24 ST #A MIAMI FL 33155	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/01)

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: JUAN M. BENITEZ   04-03-02   305-265-4141

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #