

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000002015

1. Entity Name

COMPREHENSIVE OUTREACH PROGRAMS (COPI) INC.

FILED
May 30, 2000 8:00 am
Secretary of State

05-30-2000 90042 031 ****70.00

Principal Place of Business 12900 GRIFFING BLVD NO MIAMI FL 33161	Mailing Address 12900 GRIFFING BLVD NO MIAMI FL 33161-4641
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number 65-0757963	Applied For <input type="checkbox"/> Not Applicable
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Zip	Country	Zip	Country	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
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6.- Name and Address of Current Registered Agent

JOHNSON, MARYE V
 12900 GRITTING BLVD
 N MIAMI FL 33161

7. Name and Address of New Registered Agent

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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> Delete
NAME	JOHNSON, MARYE V
STREET ADDRESS	12900 GRIFFING BLVD
CITY-ST-ZIP	NO MIAMI FL 33127
TITLE	D <input type="checkbox"/> Delete
NAME	FERNANDEZ, SMAUEL
STREET ADDRESS	19720 NW 47TH PL
CITY-ST-ZIP	CAROL CITY FL 33055
TITLE	D <input type="checkbox"/> Delete
NAME	THOMPSON, MILLCENT
STREET ADDRESS	540 NW 47TH TERR
CITY-ST-ZIP	MIAMI FL 33127
TITLE	T <input type="checkbox"/> Delete
NAME	TATE, JENNIFER
STREET ADDRESS	700 NE 26TH ST
CITY-ST-ZIP	MIAMI FL 33136
TITLE	D <input type="checkbox"/> Delete
NAME	JOHNSON, EMILY
STREET ADDRESS	12900 GRIFFING BLVD
CITY-ST-ZIP	NO MIAMI FL 33161
TITLE	D <input type="checkbox"/> Delete
NAME	FERNANDEZ, VINCENT
STREET ADDRESS	540 NW 47TH TERR
CITY-ST-ZIP	MIAMI FL 33127

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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: Marye V. Johnson **4/25/00** **(305) 893-6025**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)