

**2002 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**Feb 11, 2002 8:00 am**  
**Secretary of State**

02-11-2002 90156 019 \*\*\*150.00

**DOCUMENT # P00000042146**

1. Entity Name

**FIBRECHECK INTERNATIONAL MANAGEMENT, INC.**

Principal Place of Business

**7300 W. CAMINO REAL #126  
BOCA RATON FL 33433**

Mailing Address

**7300 W. CAMINO REAL #126  
BOCA RATON FL 33433**

2. Principal Place of Business

**3405 NW 9 AVE**

3. Mailing Address

**3405 NW 9 AVE**

Suite, Apt. #, etc.

**STE 1201**

Suite, Apt. #, etc.

**STE 1201**

City &amp; State

**FT. LAUDERDALE, FL**

City &amp; State

**FT. LAUDERDALE, FL**

Zip

**33309**

Country

**USA**

Zip

**33309**

Country

**USA**

DO NOT WRITE IN THIS SPACE

4. FEI Number **65-1000994**

Applied For

Not Applicable

5. Certificate of Status Desired

☐**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**KOPSON, JOHN E****7300 W. CAMINO REAL #126  
BOCA RATON FL 33433**

7. Name and Address of New Registered Agent

Name

**JOHN E KOPSON**

Street Address (P.O. Box Number is Not Acceptable)

**3405 NW 9 AVE, STE 1201**

City

**FT. LAUDERDALE FL**

Zip Code

**33309**

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.

(NO Registered Agent signature required when reinstating)

**01-11-02**

DATE

9. This corporation is eligible to satisfy its Intangible

**FILE NOW!!! FEE IS \$150.00****After May 1, 2002 Fee will be \$550.00****Make Check Payable to Department of State**

10. Election Campaign Financing

**\$5.00** May Be

Trust Fund Contribution

☐

Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>COPPEN, ALLAN</b>	
STREET ADDRESS	<b>7300 W CAMINO REAL #126</b>	
CITY-ST-ZIP	<b>BOCA RATON FL 33433</b>	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>P</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>COPPEN, ALLAN</b>	
STREET ADDRESS	<b>3405 NW 9 AVE, STE 1201</b>	
CITY-ST-ZIP	<b>FT. LAUDERDALE, FL 33309</b>	

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		

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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**A. COPPEN****24 Jan 2002**

Date

Daytime Phone #

**954 567 9003**

CR2E034 (9/01)