

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 25, 2001 8:00 am
Secretary of State

04-30-2001 90045 023 ***150.00

DOCUMENT # P00000076956

1. Entity Name

COPPER PLATE FALCON, INC.

Principal Place of Business

Mailing Address

312 SOUTH OLD DIXIE HIGHWAY
SUITE 209
JUPITER FL 33458

312 SOUTH OLD DIXIE HIGHWAY
SUITE 209
JUPITER FL 33458

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

☒ 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

BROWN, JOHN
312 SOUTH OLD DIXIE HIGHWAY
SUITE 209
JUPITER FL 33458

Name

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

City

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

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

(NOTE: Registered Agent signature required when re-registering)

DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

FILE NOW!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	BROWN, JOHN	
STREET ADDRESS	312 SOUTH OLD DIXIE HIGHWAY SUITE 209	
CITY-ST-ZIP	JUPITER FL 33458	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	UNEZ, MARIA	
STREET ADDRESS	312 SOUTH OLD DIXIE HIGHWAY SUITE 209	
CITY-ST-ZIP	JUPITER FL 33458	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	AMENIRO, JUAN	
STREET ADDRESS	312 SOUTH OLD DIXIE HIGHWAY SUITE 209	
CITY-ST-ZIP	JUPITER FL 33458	
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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11:

TITLE	Brown, John	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	312 S. Old Dixie Hwy., # 209	
STREET ADDRESS	Jupiter, FL 33458	
CITY-ST-ZIP	Vice President and secretary	
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		

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

Daytime Phone #

CR2E034 (10/00)