## 2001 UNIFORM BUSINESS REPORT (UBR) FILED Sep 12, 2001 08:00 AM P00000083199 DOCUMENT# 1. Entity Name **Secretary of State** KOP PROPERTIES, INC. Principal Place of Business Mailing Address 199955 NORTHEAST 38TH COURT 199955 NORTHEAST 38TH COURT SUITE 2601 SUITE 2601 AVENTURA FL AVENTURA FL 33180 33180 2. Principal Place of Business 3. Mailing Address 19955 NORTHEAST 38TH COURT 19955 NORTHEAST 38TH COURT Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE SUITE 2601 SUITE 2601 City & State City & State 4. FEI Number Applied For AVENTURA FL AVENTURA 65-1032288 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 33180 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SPIEGEL & UTRERA, P.A. KOPLOWITZ 343 ALMERIA AVENUE Street Address (P.O. Box Number is Not Acceptable) 19955 NORTH EAST 38TH COURT CORAL GABLES FL**SUITE 2601** 33134 US City Zip Code AVENTURA 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. ANDREA KOPLOWITZ 09/12/2001 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE CR2E034 (11/00) ☐ Delete TITLE ☐ Addition KOPLOWITZ MAME BEVERLY NAME 19955 NORTHEAST 38TH COURT SUITE 2601 STREET ADDRESS STREET ADDRESS AVENTURA CITY-ST-ZIP $\mathbf{FL}$ 33180 CITY-ST-ZIP TD ☐ Delete TITLE ☐ Change NAME KOPLOWITZ ANDREA NAME STREET ADDRESS 19955 NORTHEAST 38TH COURT SUITE 2601 STREET ADDRESS CITY-ST-ZIP AVENTURA 33180 CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition KOPLOWITZ SAMUEL NAME STREET ADDRESS 19955 NORTHEAST 38TH COURT SUITE 2601 STREET ADDRESS CITY-ST-ZIP AVENTURA 33180 CITY-ST-ZIP TITLE ☐ Delete TITLE Change Change ☐ Addition KOPLOWITZ NAME STREET ADDRESS 19955 NORTHEAST 38TH COURT SUITE 2601 STREET ADDRESS CITY-ST-ZIP AVENTURA 33180 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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: \_\_Andrea Koplowitz 09/12/2001

Date

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR