

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

05-16-2002 90051 021 ***158.75

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02 MAY 29 AM 8:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P000 000 83199

1. Entity Name

Kop Properties, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

19955 NE 38CT

Suite, Apt. #, etc.

#2601

City & State

Aventura, FL

Zip 33180

Country

USA

3. Mailing Address

19955 NE 38CT

Suite, Apt. #, etc.

#2601

City & State

Aventura, FL

Zip 33180

Country

USA

4. FEI Number

65-1032288

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Andrea Koplowitz

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

19955 NE 38CT #2601

City

Aventura

FL

Zip Code

33180

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)

4/26/02

DATE

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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
NAME
STREET ADDRESS
CITY-ST-ZIP
President
David Koplowitz
19955 NE 38CT #2601
Aventura, FL 33180

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Vice President
Samuel Daniel Koplowitz
19955 NE 38CT #2601
Aventura, FL 33180

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Treasurer
Andrea Koplowitz
19955 NE 38CT #2601
Aventura, FL 33180

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Secretary
Beverly Koplowitz
19955 NE 38CT #2601
Aventura, FL 33180

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

4/26/02

CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

David Koplowitz, President

4/26/02 (305) 932-8887

Date

Daytime Phone #