

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 22, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P00000083199**



1. Entity Name  
**KOP PROPERTIES, INC.**

Principal Place of Business  
**19955 NORTHEAST 38TH COURT  
SUITE 2601  
AVENTURA, FL 33180**

Mailing Address  
**19955 NORTHEAST 38TH COURT  
SUITE 2601  
AVENTURA, FL 33180**



07142004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-1032288**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**KOPLWITZ, ANDREA  
19955 NORTH EAST 38TH COURT  
SUITE 2601  
AVENTURA, FL 33180**

**DO NOT WRITE  
IN THIS SPACE**

7. 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. I am familiar with, and accept the obligations of registered agent.

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

**FILE NOW!!! FEE IS \$550.00  
Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	KOPLWITZ, DAVID
STREET ADDRESS	19955 NORTHEAST 38TH COURT SUITE 2601
CITY - ST - ZIP	AVENTURA, FL 33180
TITLE	V
NAME	KOPLWITZ, SAMUEL D
STREET ADDRESS	19955 NORTHEAST 38TH COURT SUITE 2601
CITY - ST - ZIP	AVENTURA, FL 33180
TITLE	T
NAME	KOPLWITZ, ANDREA
STREET ADDRESS	19955 NORTHEAST 38TH COURT SUITE 2601
CITY - ST - ZIP	AVENTURA, FL 33180
TITLE	S
NAME	KOPLWITZ, BEVERLY
STREET ADDRESS	19955 NORTHEAST 38TH COURT SUITE 2601
CITY - ST - ZIP	AVENTURA, FL 33180
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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07/22/04-80007-003 550.00

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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 607, 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: David Koplowitz 7/15/04 (305) 932-8887  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #