## 2001 UNIFORM BUSINESS REPORT (UBR) FILED Sep 12, 2001 08:00 AM P00000092451 DOCUMENT # 1. Entity Name **Secretary of State** COPAN FOODS, INC. Principal Place of Business Mailing Address 7080 45TH AVE WEST NO 1 7080 45TH AVE WEST NO 1 BRADENTON FL BRADENTON FL 34210 34210 2. Principal Place of Business 3. Mailing Address 7080 45TH AVE WEST P.O. BOX 1558 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE NO. 1 City & State City & State 4. FEI Number Applied For BRADENTON FL ONECO 65-1050887 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 34210 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name TORRES FRANCO TORRES FRANCO 7080 45TH AVE WEST NO 1 Street Address (P.O. Box Number is Not Acceptable) 7080 45TH AVE WEST BRADENTON FL34210 City Zip Code BRADENTON 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 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 10. Election Campaign Financing After MAY 1, 2001 Fee will be \$550.00 \$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 D TITLE ☐ Delete TITLE ☐ Addition CR2E034 (11/00) X Change EDWARD MAME CASE NAME CASE **EDWARD** 1479 MILLBROOK CIRCLE STREET ADDRESS STREET ADDRESS 1479 MILLBROOK CIRCLE CITY-ST-ZIP BRADENTON FL 34210 CITY-ST-ZIP BRADENTON 34210 ☐ Delete D TITLE ☐ Change NAME TORRES FRANCO NAME STREET ADDRESS 7080 45TH AVE WEST NO 1 STREET ADDRESS CITY-ST-ZIP BRADENTON FL 34210 CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Сhапде TITLE Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ 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. FRANCO TORRES SIGNATURE: \_ 09/12/2001

Date

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR