

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000112350

1. Entity Name

COPPER MANAGEMENT, INC.

FILED

02 MAY -1 PM 1:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

3326 MARY ST. STE 603
COCONUT GROVE FL 33133

Mailing Address

2665 SOUTH BAYSHORE DRIVE
SUITE 703
COCONUT GROVE FL 33133

2. Principal Place of Business

2833 Bird Avenue

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami, Florida

City & State

4. FEI Number

65-1101914

Applied For

Not Applicable

Zip

33133

Country

USA

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WORLD CORPORATE SERVICES, INC.

2665 S BAYSHORE DR, STE 703

MIAMI FL 33133

7. Name and Address of New Registered Agent

Name

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

City

FL

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 reinstating)

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, 2002 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 NAME	D MAURICIO NAVARRO, CARLOS	<input type="checkbox"/> Delete
STREET ADDRESS	3326 MARY ST, STE 603	
CITY-ST-ZIP	COCONUT GROVE FL 33133	
TITLE NAME	PVST DELGADO, JUAN	<input type="checkbox"/> Delete
STREET ADDRESS	3326 MARY STREET, SUITE 603	
CITY-ST-ZIP	MIAMI FL 33133	
TITLE NAME	AS Lazo, Albert J.	<input type="checkbox"/> Delete
STREET ADDRESS	2665 S. Bayshore Drive, Suite 703	
CITY-ST-ZIP	Miami, Florida 33133	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME	D Navarro, Carlos Mauricio	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	2833 Bird Avenue	
CITY-ST-ZIP	Miami, Florida 33133	
TITLE NAME	PVST Delgado, Juan	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	2833 Bird Avenue	
CITY-ST-ZIP	Miami, Florida 33133	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

Albert J. Lazo

Albert J. Lazo 4/30/02 (305) 858-9900

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)