

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90546 002 ***150.00

DOCUMENT # P00000112350

1. Entity Name
COPPER MANAGEMENT, INC.



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

3. Mailing Address
3326 MARY STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.
603

City & State

City & State
COCONUT GROVE, FL

Zip

Country

Zip
33133

Country
United States

4. FEI Number
65-1101914

Applied For
Not Applicable

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

☐ **CHECK HERE IF MAKING CHANGES**

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

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ **Delete**
NAME **NAVARRO, CARLOS M**
STREET ADDRESS **2833 BIRD AVENUE**
CITY-ST-ZIP **MIAMI FL 33133**

TITLE **PVST** ☒ **Delete**
NAME **DELGADO, JUAN**
STREET ADDRESS **2833 BIRD AVENUE**
CITY-ST-ZIP **MIAMI FL 33133**

TITLE **AS** ☐ **Delete**
NAME **LAZO, ALBERT J**
STREET ADDRESS **2665 S BAYSHORE DRIVE, SUITE 703**
CITY-ST-ZIP **MIAMI FL 33133**

TITLE **PSUT** ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Change** ☒ **Addition**
NAME **PSUT**
STREET ADDRESS **ANTHONY OCAÑO**
CITY-ST-ZIP **3326 MARY STREET, SUITE 603**
COCONUT GROVE, FLORIDA 33133

TITLE ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/16/03

205-444-9997

CR2E034 (10/02)