

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

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90164 028 ***150.00

DOCUMENT # P01000059409
1. Entity Name
COPTER CORNER, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 73 N.W. 167 Street		3. Mailing Address 73 N.W. 167 Street	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State North Miami Beach, FL		City & State North Miami Beach, FL	
Zip 33169	Country Miami-Dade	Zip 33169	Country Miami-Dade

DO NOT WRITE IN THIS SPACE

4. FEI Number 65- 1118051	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name LINDA M. KAPLAN
Street Address (P.O. Box Number is Not Acceptable) 9300 S. DADELAND BLVD. Ste. 406
City MIAMI FL Zip Code 33156

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CADELLI, HUGO DANIEL 1985 S. OCEAN DRIVE # 2-G P/D HALLANDALE, FL 33009	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/T/S/D MARIAN, OLGA YOLANDA 1985 S. OCEAN DRIVE # 2-G HALLANDALE, FL 33009	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CADELLI, DIEGO MARTIN 1985 S. OCEAN DRIVE # 2-G Hallandale, FL 33009	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
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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:  HUGO D. CADELLI 4/22/02 (305) 651-1362
Signature, typed or printed name of signing officer or director Date Daytime Phone #