

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 28, 2002 8:00 am**  
**Secretary of State**

03-28-2002 90148 028 \*\*\*150.00

**DOCUMENT # P01000104880**

1. Entity Name  
**COPETONAS, INC.**

Principal Place of Business

**2140 BIARRITZ DRIVE, #1  
MIAMI BEACH FL 33141**

Mailing Address

**2140 BIARRITZ DRIVE, #1  
MIAMI BEACH FL 33141**

2. Principal Place of Business

**SAME AS ABOVE**

3. Mailing Address

**SAME AS ABOVE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-1149436**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**PORFIGLIO, NORBERTO R  
2140 BIARRITZ DRIVE, #1  
MIAMI BEACH FL 33141**

7. Name and Address of New Registered Agent

Name

**BETTINA SVENDSEN**

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

**SAME AS ABOVE**

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

*Bettina Svendsen* **Bettina Svendsen**

**03/14/02**

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	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>PORFIGLIO, NORBERTO R</b>	<input checked="" type="checkbox"/>
STREET ADDRESS	<b>2140 BIARRITZ DRIVE, #1</b>	
CITY-ST-ZIP	<b>MIAMI BEACH FL 33141</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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 an other like empowered.

SIGNATURE:

*NORBERTO PORFIGLIO* **NORBERTO PORFIGLIO**

**03/14/02**

**305-8673153**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)