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

## P02000038470 **DOCUMENT #**

1. Entity Name



## **FILED** Mar 13, 2003 8:00 am Secretary of State

COOPER	RDELIVER	Y SERVICES INC	•					(	J3-13-2003	20030 000	150.	
Principal Place of Business 1971 LYONS RD #205 COCONUT CREEK FL 33063			3799	Mailing Address 3799 WOODFIELD DRIVE COCONUT CREEK FL 33073								
2. Principal Place of Business			3. Mai	3. Malling Address				!	88/18		<b>1</b> 110111 <b>110</b> 111	<b>38</b> 11 <b>13</b> 11 13 <b>3</b> 1
Suite, Apt. #, etc.			Suit	Suite, Apt. #, etc.					CHECK HERE	IF MAKING (	CHANGES	
City & State			City	City & State			4. F		06429	که		oplied For of Applicable
Zip		Country	Zip		Coun	try		. Certificate of S		F	8.75 Add ee Require	
	6Name	and Address of Current	Registere	ed Agent			~ <b>7</b> .	- Name and Add	dress of New F	Registered Ag	gent	
	<b>.</b>				i	Name <sup>-</sup>	•	_	_			•
LIVERPOOL, RUTH 8428 W OAKLAND PARK BLVD				Stre		Street Addre	ess (P.O.	Box Number is	Not Acceptable	e)		
SUNRISE	FL 33351					City					Zip Cod	
		•				City				FL	Zip Cod	e
8. The above the obligation SIGNATURE	ations of registe	submitte this statement for end appendix	or the purp	lose of changing its	registere	ed office or reg	istered a	agent, or both, in	the State of Flo	orida. I am fai	miliar with,	and accept
0,0,0,0,0,0	Signature, typed of	or printed name of registered a tent	and title if app	licable. (NOTI	: Registered	d Agent signature rea	quired when	n reinstating)		DATE		
	Signature, typed of		t and title if app	olicable. (NOTI	E: Registered	d Agent signature red	quired when	n reinstating)		DATE		
<u>.</u>	Signature, typed o	! FEE IS \$150.00		olicable. (NOTi	E: Registered	d Agent signature rec	quired when	1	n Campaign Fi		\$5.0	<b>O</b> May Be
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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:

Date

Daytime Phone #