2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 09, 2003 8:00 am
Secretary of State
01-09-2003 90086 026 ***150.00

DOCUMENT # P93000050053

1. Entity Name
COOPER CREDIT AND COMMERCE INTERNATIONAL, INC.

Principal Place of Business	Mailing Address
%11330 S.W. 115TH TERRACE MIAMI FL 33176	%11330 S.W. 115TH TERRACE MIAMI FL 33176

☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
3510 BISCAYNE BLVD.	3510 BISCAYNE BLVD.
Suite, Apt. #, etc.: 200	Suite, Apt. #, etc.: 200
City & State: MIAMI, FLORIDA	City & State: MIAMI, FLORIDA
Zip / Country	Zip / Country

4. FEI Number 65-0456249 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MOGHADDAM, ANVAR B
11330 S.W. 115 TERRACE
MIAMI FL 33176

7. Name and Address of New Registered Agent

Name: ANVAR B. MOGHADDAM
Street Address (P.O. Box Number is Not Acceptable): 12731 SW 119 Street
City: Miami **FL** Zip Code: 33186

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: Anvar B. Moghaddam
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 Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP BEHNAM BASHIRI 11330 S.W. 115 TERRACE MIAMI FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP ROSA LINA COBIAN 3510 BISCAYNE BLVD MIAMI FL 33137	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V/P MOHSEN KHATIBI 1050 95 ST #8 BAY HARBOR FL 33154	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V/P MOHSEN KHATIBI 11330 SW 115 TERR. MIAMI, FL 33176	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V/P KUROSH B. MOGHADDAM 11330 SW 115 TERR MIAMI FL 33176	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP MOGHADDAM, KAMBIZ B. 11330 SW 115 TERRACE MIAMI FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP TRAPAGA, MAGGIE 3510 BISCAYNE BLVD MIAMI FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT ANVAR B. MOGHADDAM 12731 SW 119 STREET MIAMI, FL 33186	☐ Change ☒ Addition

CR2E034 (10/02)

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: Anvar B. Moghaddam SIGNATURE REQUIRED 01/08/03 305-576-3984
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #