

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000065242

Entity Name  
COPIT CORP.

FILED  
Mar 07, 2000 8:00 am  
Secretary of State  
03-07-2000 90052 005 \*\*\*150.00

Principal Place of Business	Mailing Address
SW 99 ST FL 33176	10335 SW 99 ST MIAMI FL 33176-2719

Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number	65-0521472	Applied For
		Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
ARMAS, MARIA 10335 SW 99 ST MIAMI FL 33176

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL
Zip Code

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 \_\_\_\_\_

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, 2000 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

OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ADDRESS		NAME	
ST-ZIP		STREET ADDRESS	
	<input type="checkbox"/> Delete	CITY-ST-ZIP	
ADDRESS		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ST-ZIP		NAME	
	<input type="checkbox"/> Delete	STREET ADDRESS	
ADDRESS		CITY-ST-ZIP	
ST-ZIP		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete	NAME	
ADDRESS		STREET ADDRESS	
ST-ZIP		CITY-ST-ZIP	
	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ADDRESS		NAME	
ST-ZIP		STREET ADDRESS	
	<input type="checkbox"/> Delete	CITY-ST-ZIP	
ADDRESS		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ST-ZIP		NAME	
	<input type="checkbox"/> Delete	STREET ADDRESS	
ADDRESS		CITY-ST-ZIP	

3. 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 all other like empowered.

SIGNATURE: Christina Julia Ornes 3/3/00 271-4662  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)