FILED

2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE

IGNATURE AND TYPED OR PRINTED NAME

Jul 10, 2001 8:00 am **DOCUMENT #** P94000034509 **Secretary of State** 1. Entity Name 07-10-2001 90446 001 ***300.00 LAUDERDALE COPA, INC. Principal Place of Business Mailing Address 624 S.E. 28TH STREET 2800 S. FEDERAL HWY 10144 FT LAUDERDALE FL 33316 FT. LAUDERDALE FL 33316 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0488180 Not Applicable Zip Zip Country Country Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BERNARD, GREGG Street Address (P.O. Box Number is Not (peptable) 2800 S. FEDERAL HWY FT LAUDERDALE FL 33316 City Zip Code for the purpose of changing its registered office or registered agent, or both, in the State of Florida 8. The above named epi SIGNATURE FILE NOW!!! FEE IS \$550.00 9. This corpo ation is eligible to satisfy its Intangible **\$5.00** May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. After September 12, 2001 Fee will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 **PVS** TITLE ☐ Delete TITLE Change ☐ Addition BERNARD, GREGG NAME NAME 2800 S. FEDERAL HWY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FT LAUDERDALE FL 33316 CITY-ST-ZIP TITLE □ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ·CITY-ST-ZIP -TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE □ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information superied with this filling 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 of the corporation or the receiver or trust 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 be empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if