2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State
04-28-2003 91510 021 ***150.00

DOCUMENT # P94000034510

1. Entity Name
KEY WEST COPA, INC.

Principal Place of Business	Mailing Address
~~623 DUVAL ST~~ KEY WEST, FL US	~~P O BOX 6200~~ KEY WEST, FL ~~33041~~ US

2. Principal Place of Business	3. Mailing Address
5501 THIRD AVENUE	5501 THIRD AVENUE
Suite, Apt. #, etc. APT. 253	Suite, Apt. #, etc. APT. 253
City & State KEY WEST FL	City & State KEY WEST FL
Zip 33040 Country MONROE	Zip 33040 Country MONROE

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0488182** ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

WEINSTEIN, JOEL R
623 DUVAL ST.
KEY WEST, FL 33040

7. Name and Address of New Registered Agent

Name: JOSE COLLAZO
Street Address (P.O. Box Number is Not Acceptable): 5501 THIRD AVENUE
APT. 253
City: KEY WEST **FL** Zip Code: 33040

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 [signature] JOSE COLLAZO 4/22/03
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	D WEINSTEIN, JOEL R ~~623 DUVAL ST.~~ KEY WEST, FL 33040	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	5501 THIRD AVENUE #253 KEY WEST FL 33040	☒ Change ☐ Addition
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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: Joel R. Weinstein 4/22/03 (305)509-1640
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #