

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P94000077995**

1. Entity Name
4COP INVESTMENTS, INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 SEP 11 AM 8:00

Principal Place of Business C/O ANDREW LURIA 2505 S. OCEAN BLVD. PALM BEACH FL 33480	Mailing Address 2505 S. OCEAN BLVD. #316 PALM BEACH FL 33480 US
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2. Principal Place of Business 2400 Lantana Rd. Suite, Apt. #, etc. Apt. 2-307	3. Mailing Address 2400 Lantana Rd. Suite, Apt. #, etc. Apt. 2-307
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City & State Lantana, FL	City & State Lantana, FL	Zip 33462	Country USA
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4. FEI Number 65-0529955	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

CHECK HERE IF MAKING CHANGES **MRS**

6. Name and Address of Current Registered Agent

**PAXMAN, JOHN T
1601 FORUM PLACE
SUITE 801
WEST PALM BEACH FL 33401**

7. Name and Address of New Registered Agent

Name **John T. Paxman**
Street Address (P.O. Box Number is Not Acceptable)
1832 North Dixie Highway
City **Lake Worth** FL **33460**

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 _____ (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		<input type="checkbox"/> Delete
TITLE	D LURIA, ANDREW H	<input type="checkbox"/>
NAME	2505 S. OCEAN BLVD.	
STREET ADDRESS	PALM BEACH FL 33480	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME	500023118305		
STREET ADDRESS	09/16/03--01092--010		**150.00
CITY-ST-ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME	500023118305		
STREET ADDRESS	09/16/03--01092--011		**400.00
CITY-ST-ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

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: Andrew H. Luria Andrew H. Luria 9/2/03 203-263-7511
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0430628 AV

CR2E034 (10/02)