

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 07, 2002 8:00 am
Secretary of State
 01-07-2002 90007 028 ***150.00

0406493 AV

DOCUMENT # P95000009787
 1. Entity Name
STANLEY KOPELMAN, INC.

Principal Place of Business Mailing Address
FLORIDA 3201 SO. OCEAN BLVD.
603 HIGHLAND BEACH FL 33487



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business *FL* 3. Mailing Address
HIGHLAND BEACH FL *3201 S. OCEAN BLVD*
 Suite, Apt. #, etc. Suite, Apt. #, etc.
603

City & State City & State
 Zip Country Zip Country
33487

4. FEI Number **65-0553803** Applied For
 Not Applicable
 5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
KOPELMAN, STANLEY
3201 SO. OCEAN BLVD. STE. 603
HIGHLAND BEACH FL 33487

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

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.
 SIGNATURE *Stanley Kopelman* DATE *2/3/2002*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
FILE NOW!!! FEE IS \$150.00
After May 1, 2002 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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KOPELMAN, STANLEY 3201 SOUTH OCEAN BLVD SUITE 603 HIGHLAND BEACH FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V. PRES SAME
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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: **SIGNATURE REQUIRED** *Stanley Kopelman* DATE *2/3/2002* *581*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)