

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000006824

1. Entity Name

CORPERSONA, INCORPORATED

**FILED**  
**Mar 29, 2000 8:00 am**  
**Secretary of State**

03-29-2000 90050 047 \*\*\*150.00

Principal Place of Business

751 PARK OF COMMERCE DRIVE  
SUITE 108  
BOCA RATON FL 33487  
US

Mailing Address

751 PARK OF COMMERCE DRIVE  
SUITE 108  
BOCA RATON FL 33487-3622  
US

2. Principal Place of Business

5100 WEST COPANS ROAD

3. Mailing Address

5100 WEST COPANS ROAD

Suite, Apt. #, etc.

SUITE 810

Suite, Apt. #, etc.

SUITE 810

City & State

MARGATE FLORIDA

City & State

MARGATE FLORIDA

Zip

33063

Country

US

Zip

33063

Country

US

4. FEI Number

65-0567734

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

LATERA, KEN  
5509 N. MILITARY TRAIN  
APT 513  
BOCA RATON FL 33496

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

9. 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

11. OFFICERS AND DIRECTORS

TITLE ☐ Delete  
NAME D  
STREET ADDRESS 6503 N. MILITARY TRAIL #3510  
CITY-ST-ZIP BOCA RATON FL 33496

TITLE ☐ Delete  
NAME D  
STREET ADDRESS 5107 MCKINLEY ST  
CITY-ST-ZIP HOLLYWOOD FL

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-24-00

561-912-9990

CR2E034 (9/99)