FILED

## **2001 UNIFORM BUSINESS REPORT (UBR)**

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

## May 02, 2001 8:00 am Secretary of State DOCUMENT # P96000026819 1. Entity Name COPMECH ENTERPRISES, INC. 5-02-2001 90186 006 \*\*\*150.00 Principal Place of Business Mailing Address 13971 TEMPLE BLVD 13971 TEMPLE BLVD WEST PALM BEACH FL 33412 WEST PALM BEACH FL 33412 C0058043 2. Principal Place of Business 3. Mailing Address 257 Country Club DR CIUD UR Suite, Apt. #, etc Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0653516 Not Applicable <u>eavesta</u> Couptey SA \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent KUHARCIK, JOSEPH Street Address (P.O. Box Number is Not Acceptable) 1211 THE PLAZA SINGER ISLAND FL 33404 City 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 --Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. 3R2E034 (10/00) Addition TITI F PDS ☐ Delete TITLE *PD5* ARAUJO, ALFREDO NAME NAME ARAUJO, ALFREDO 357 Country Club DR. STREET ADDRESS STREET ADDRESS 13971 TEMPLE BLVD CITY-ST-ZIP CITY-ST-ZIP WEST PALM BEACH FL 33412 accepta. ☐ Addition TITLE □ Delete TITLE VDT ARAUSO, DEBRA E NAME NAME ARAUJO, DEBRA E STREET ADDRESS 207 Country Club DR STREET ADDRESS 13971 TEMPLE BLVD CITY-ST-ZIP CITY-ST-ZIP WEST PALM BEACH FL 33412 TITLE Delete -Change - Addition-TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITI F ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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