2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # **P96000085640** COPE ARCHITECTS, INC. Mailing Address Principal Place of Business 182 N.E. 5TH AVE. 182 N.E. 5TH AVE. DELRAY BEACH FL 33483-5429 DELRAY BEACH FL 33483

3. Mailing Address

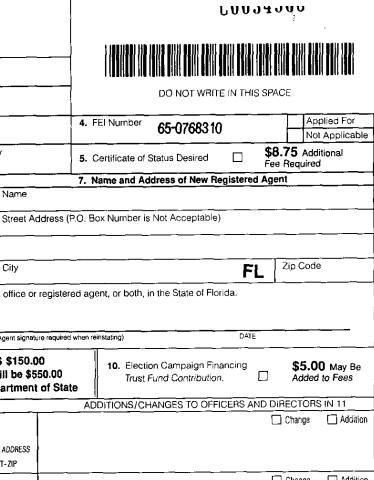
City & State

Zip

Suite, Apt. #, etc.

FILED Mar 09, 2000 8:00 am Secretary of State

03-09-2000 90091 045 ***150.00



8. The above	named entity submits this statement for the	purpose of changing its re	egistered office or registere	d agent, or both, in the State of Florida.		
SIGNATURE .	Signature, typed or printed name of registered agent and tit	le if applicable (NOTE:	Registered Agent signature required w	vhen reinstating)	PATE	
Tax filing requirement and elects to do so. After MAY 1, 2000			FEE IS \$150.00 D Fee will be \$550.00 to Department of State	31	☐ Added	0 May Be to Fees
11.	OFFICERS AND DIR	ECTORS	12.	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS	3 IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P COPE, ROGER 182 N.E. 5TH AVE. DELRAY BEACH FL 33483	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition
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13. I hereby	certify that the information supplied with this	fritt does not qualify for	the exemption stated in Sec	ction 119.07(3)(i), Florida Statutes. I furth	er certify that the in hat I am an officer	nformation or director

Country

Name

City

of the corporation or the receiver or truchanged, or on an attachment with an North Statutes; and that my name appears in Block 11 or Block 12 if this report as required by Chapter 607,

SIGNATURE:

2. Principal Place of Business

Country

SIMONS, BARRY L ESQ.

SUITE 1775

2601 SOUTH BAYSHORE DR.

COCONUT GROVE FL 33133

6. Name and Address of Current Registered Agent

Suite, Apt. #, etc.

City & State

Zip

IGNING OFFICER OR DIRECTOR