

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 17, 2001 8:00 am**  
**Secretary of State**

05-17-2001 91293 036 \*\*\*150.00

**DOCUMENT # P96000097936**

1. Entity Name  
**BERNARD KOPET, P.A.**

Principal Place of Business  
 18227 PINES BLVD  
 PEMBROKE PINES FL 33029  
 US

Mailing Address  
 18227 PINES BLVD  
 PEMBROKE PINES FL 33029  
 US

2. Principal Place of Business  
**601 NW 179<sup>th</sup> AVE**  
 Suite, Apt. #, etc.  
**# 104**

3. Mailing Address  
**601 NW 179<sup>th</sup> AVE**  
 Suite, Apt. #, etc.  
**# 104**

City & State  
**PEMBROKE PINES FL**  
 Zip  
**33029**  
 Country  
**BROWARD**

City & State  
**PEMBROKE PINES FL**  
 Zip  
**33029**  
 Country  
**BROWARD**



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0290461**

Applied For  
 Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**KOPET, BERNARD**  
**4310 SHERIDAN STREET**  
**SUITE 202**  
**HOLLYWOOD FL 33021**

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, 2001 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  
**P**  
 NAME  
**KOPET, BERNARD**  
 STREET ADDRESS  
**18227 PINES BLVD**  
 CITY-ST-ZIP  
**PEMBROKE PINES FL**

☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
**S**  
 NAME  
**KOPET, ROBIN A**  
 STREET ADDRESS  
**18227 PINES BLVD**  
 CITY-ST-ZIP  
**PEMBROKE PINES FL**

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☐ Change ☐ 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: *Bernard Kopet*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*5/17/01*

Date

Daytime Phone #

CR2034 (10/00)