

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 17, 2002 8:00 am
Secretary of State

05-17-2002 90032 029 ***150.00

DOCUMENT # **79700006085**

1. Entity Name
COOPER & COOPER INC.
23038 SANDALFOOT PLAZA DRIVE
BOCA RATON, FL 33428

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
23038 SANDALFOOT PLAZA DR
Suite, Apt. #, etc.

3. Mailing Address
23038 SANDALFOOT PLAZA DR
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
BOCA RATON FL 33428
Zip
33428
Country
USA

City & State
BOCA RATON FL 33428
Zip
33428
Country
USA

4. FEI Number
65-0768886
Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
COOPER SCOTT
Street Address (P.O. Box Number is Not Acceptable)
23038 SANDALFOOT PLAZA DRIVE
City
BOCA RATON FL Zip Code
33428

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) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 NAME STREET ADDRESS CITY-ST-ZIP	P COOPER SCOTT 23038 SANDALFOOT PLAZA DRIVE BOCA RATON, FL 33428
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.P. COOPER IRMA 23038 SANDALFOOT PLAZA DRIVE BOCA RATON, FL 33428
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S COOPER ANNE 23038 SANDALFOOT PLAZA DRIVE BOCA RATON, FL 33428
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowerers.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESIDENT

4/27/02

Date

(561) 487-5515

Daytime Phone #

CR2E034B (12/01)