2001 UNIFORM BUSINESS REPORT (UBR) FILED Feb 06, 2001 8:00 am Secretary of State DOCUMENT # P97000071198 JULIA COPE & ASSOCIATES, INCORPORATED 02-06-2001 90336 001 ***150.00 Principal Place of Business Mailing Address 1175 NE 125 ST 1175 NE 125 ST 614 N MIAMI FL 33161 N MIAMI FL 33161 2. Principal Place of Business 3. Mailing Address 355 NE Suite, Apt. #, etc **9** // Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FE! Number Applied For 65-0799287 Not Applicable Country A \$8.75 Additional 5. Certificate of Status Desired ÚS A Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent LUKACS, MARYANNE 1825 CORAL WAY **MIAMI FL 33145** ^z33461 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 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 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 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITLE ☐ Addition COPE, JULIA L NAME NAME 1175 NE 125 ST #408 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NO MIAMI FL 33161 CITY-ST-ZIP Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE , ☐ Delete Change TITI F ☐ Addition NAME NAME

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

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITI F

NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

Change

☐ Addition