

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000107298

1. Entity Name

COOPER GALLO ENTERPRISES, INC.

FILED
May 02, 2000 8:00 am
Secretary of State

05-02-2000 90022 025 ***150.00

Principal Place of Business Mailing Address
 8603 S DIXIE HWY #413 8603 S DIXIE HWY #413
 MIAMI FL 33143 MIAMI FL 33143-7807
 US US

2. Principal Place of Business 3. Mailing Address
 8603 S. DIXIE HWY Same
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 310

City & State City & State
 Miami FL
 Zip Country Zip Country
 33143 US



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0800821 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent
 TAYLOR, GREGORY B
 4801 SOUTH UNIVERSITY DR.
 STE. 303E
 DAVIE FL 33328

7. Name and Address of New Registered Agent
 Name Leonard Levi Gardner
 Street Address (P.O. Box Number is Not Acceptable) 10723 SW 104 ST.
 City Miami FL Zip Code 33176

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 _____ (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, 2000 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

TITLE	D	<input type="checkbox"/> Delete
NAME	COOPER, MICHAEL A # 310	
STREET ADDRESS	8603 S DIXIE HWY #413 310	
CITY-ST-ZIP	MIAMI FL 33186	
TITLE	D	<input type="checkbox"/> Delete
NAME	GALLO, JOSE # 310	
STREET ADDRESS	8603 S DIXIE HWY #413 310	
CITY-ST-ZIP	MIAMI FL 33143	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Michael A. Cooper 4/18/00 305-582-2214
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)