

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Mar 16, 2001 08:00 AM****Secretary of State****DOCUMENT # P99000051994**1. Entity Name  
**KOOPERATIVA CORP.****Principal Place of Business**10 EDGEWATER DRIVE  
SUITE 9A  
CORAL GABLES  
33133

FL

**Mailing Address**10 EDGEWATER DRIVE  
SUITE 9A  
CORAL GABLES  
33133

FL

**2. Principal Place of Business****3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

**4. FEI Number****65-0925519**

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**SPIEGEL & UTRERA, P.A.  
343 ALMERIA AVENUECORAL GABLES  
33134

US

FL

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

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)

**03/16/2001**

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	TD	<input type="checkbox"/> Delete
NAME	FREIRE JOSE J	
STREET ADDRESS	10 EDGEWATER DRIVE	
CITY-ST-ZIP	CORAL GABLES FL 33133	
TITLE	VD	<input type="checkbox"/> Delete
NAME	VILLAMIZAR JORGE A	
STREET ADDRESS	10 EDGEWATER DRIVE	
CITY-ST-ZIP	CORAL GABLES FL 33133	
TITLE	PD	<input type="checkbox"/> Delete
NAME	LOPES ANDRE F	
STREET ADDRESS	10 EDGEWATER DRIVE	
CITY-ST-ZIP	CORAL GABLES FL 33133	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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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
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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:** Andre F Lopes

PD

03/16/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)