

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2003 8:00 am
Secretary of State

01-23-2003 90110 040 ***150.00

DOCUMENT # P99000051994

1. Entity Name
KOOPERATIVA CORP.



Principal Place of Business
**10 EDGEWATER DRIVE
SUITE 9A
CORAL GABLES FL 33133**

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



2. Principal Place of Business

808 BRICKELL KEY DRIVE

3. Mailing Address

808 BRICKELL KEY DRIVE

Suite, Apt. #, etc.

1508

Suite, Apt. #, etc.

1508

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip

33131

Country

USA

Zip

33131

Country

USA

4. FEI Number

65-0925519

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
NAME **LOPES, ANDRE F**
STREET ADDRESS **10 EDGEWATER DRIVE**
CITY-ST-ZIP **CORAL GABLES FL 33133**

TITLE **VD** ☐ Delete
NAME **VILLAMIZAR, JORGE A**
STREET ADDRESS **10 EDGEWATER DRIVE**
CITY-ST-ZIP **CORAL GABLES FL 33133**

TITLE **TD** ☐ Delete
NAME **FREIRE, JOSE J**
STREET ADDRESS **10 EDGEWATER DRIVE**
CITY-ST-ZIP **CORAL GABLES FL 33133**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☒ Change ☐ Addition
NAME **LOPES, ANDRE F**
STREET ADDRESS **808 BRICKELL KEY DRIVE # 1508**
CITY-ST-ZIP **MIAMI, FL, 33131**

TITLE **VD** ☒ Change ☐ Addition
NAME **VILLAMIZAR, JORGE A**
STREET ADDRESS **776 NE 74th STREET**
CITY-ST-ZIP **MIAMI, FL, 33138**

TITLE **TD** ☒ Change ☐ Addition
NAME **FREIRE, JOSE J**
STREET ADDRESS **2010 SW 23rd TERRACE**
CITY-ST-ZIP **MIAMI, FL, 33145**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

ANDRE F LOPES
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/21/03 305-582-3130
Date Daytime Phone #

CR2E034 (10/02)