

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000064118

1. Entity Name

KOPENHAGEN OF AMERICA, INC.

FILED

Apr 05, 2001 8:00 am
Secretary of State

04-05-2001 90448 009 ***150.00

Principal Place of Business

Mailing Address

~~901 PONCE DE LEON BLVD.~~
~~SUITE #601~~
~~CORAL GABLES FL 33134~~

~~901 PONCE DE LEON BLVD.~~
~~SUITE #601~~
~~CORAL GABLES FL 33134~~

2. Principal Place of Business

3300 N.E. 32nd STREET

Suite, Apt. #, etc.

3. Mailing Address

3300 N.E. 32nd STREET

Suite, Apt. #, etc.

City & State

FT. LAUDERDALE, FL.

City & State

FT. LAUDERDALE, FL.

Zip

33308

Country

BROWARD

Zip

33308

Country

BROWARD

4. FEI Number

APPLIED FOR

65-1003887

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SEGREDO, FRANK J ESQ.
901 PONCE DE LEON BLVD.
SUITE #601
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name MAURO C. SANTOS, ESQ.
Street Address (P.O. Box Number is Not Acceptable)
25 SE. SECOND AVE.
SUITE 1235
City MIAMI FL Zip Code 33131

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

4/2/01

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

TITLE D
NAME FIGUEIREDO DE MORAES, CLAUDIA REGINA
STREET ADDRESS 901 PONCE DE LEON BLVD. #601
CITY-ST-ZIP CORAL GABLES FL 33134 ☐ Delete

TITLE D
NAME MONTEIRO, JOSE RENATO
STREET ADDRESS 901 PONCE DE LEON BLVD. #601
CITY-ST-ZIP CORAL GABLES FL 33134 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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CITY-ST-ZIP ☐ Change ☐ Addition

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/2/01 954 532 2526

CR2E034 (10/00)