

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # S51841**

1. Entity Name

COPELASA, INC.

Principal Place of Business

Mailing Address

**7330 N.W. 12TH STREET
SUITE 201
MIAMI FL 33126****7330 N.W. 12TH STREET
SUITE 201
MIAMI FL 33126-1937**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0261891Applied For
Not Applicable5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BELLO, NANCY
7330 N.W. 12TH STREET
SUITE 201
MIAMI FL 33126**

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

MOLINA, RENEE**01-25-00**

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

(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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**PD
BELLO, NANCY
7330 N.W. 12TH ST., #201
MIAMI FL**☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**VD
MENDOZA, MILAGRO
7330 N.W. 12TH ST #201
MIAMI FL**☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**TD
CORTES, YOLANDA
7330 N.W. 12TH ST #201
MIAMI FL 33126**☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**SD
ANAMATRTHA, SANDINO
7330 N.W. 12TH ST #201
MIAMI FL**☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**PD
MOLINA, RENEE
7330 N.W. 12 th ST #201
MIAMI, FL.**☒ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change ☐ AdditionTITLE
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 687, 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:**MOLINA, RENEE**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-25-00 (305) 591-9792.

Date

Daytime Phone #