

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S61287

1. Entity Name

ROBERT H. COOPER P.A.

FILED
Mar 26, 2001 8:00 am
Secretary of State

03-26-2001 90016 026 ***150.00

Principal Place of Business

2566 NE 206 TERR.
MIAMI FL 33180

Mailing Address

2566 NE 206 TERR.
MIAMI FL 33180

C0037746

2. Principal Place of Business

2999 NE 191 Street

Suite, Apt. #, etc.

Suite 704

City & State

Aventura FL

Zip

33180

Country

USA

3. Mailing Address

2999 NE 191 Street

Suite, Apt. #, etc.

Suite 704

City & State

Aventura FL

Zip

33180

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0271820

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

COOPER, ROBERT
2566 NE 206 TERR.
MIAMI FL 33180

7. Name and Address of New Registered Agent

Name Cooper, Robert

Street Address (P.O. Box Number is Not Acceptable)

2999 NE 191 St.

Suite 704

City

Aventura

FL

Zip Code

33180

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

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 PST
NAME COOPER, ROBERT
STREET ADDRESS 2566 NE 206 TERR.
CITY-ST-ZIP MIAMI FL 33180 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PST
NAME Cooper, Robert ☒ Change ☐ Addition
STREET ADDRESS 2999 NE 191 Street, Suite 704
CITY-ST-ZIP Aventura, FL 33180

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

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

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

TITLE
NAME
STREET ADDRESS
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:

Robert Cooper Pres 3/18/01 305-772-4343

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)