

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **S94295**

1. Entity Name

**COOPER CONTRACTING, INC.**

**FILED**  
**May 13, 2000 8:00 am**  
**Secretary of State**

05-13-2000 90034 010 \*\*\*158.75

Principal Place of Business

Mailing Address

5800 SW 117 AVE  
MIAMI FL 33193  
US

PO BOX 822670  
S FLORIDA FL 33082-2670  
US

2. Principal Place of Business

3. Mailing Address

P.O. Box 297140

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

PEMBROKE PINES, FL.

Zip

Country

Zip

Country

33029-7140

USA

4. FEI Number

65-0294058

Applied For

Not Applicable

5. 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

COOPER MARK A  
19473 NW 23 PLACE  
PEMBROKE PINES FL 33029

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.

*Mark A Cooper*

(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 PD  
NAME COOPER, MARK A.  
STREET ADDRESS 19473 NW 23 PLACE  
CITY-ST-ZIP PEMBROKE PINES FL 33029



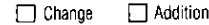
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP



TITLE V  
NAME KENNETH COOPER  
STREET ADDRESS 13255 SW 7TH COURT D201  
CITY-ST-ZIP PEMBROKE PINES FL



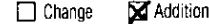
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP



TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP



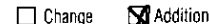
TITLE V  
NAME VILCHEZ, EDUARDO F.  
STREET ADDRESS 14001 SW. 84 STREET  
CITY-ST-ZIP MIAMI, FL. 33183



TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP



TITLE V  
NAME QUINTANA, MANUEL O.  
STREET ADDRESS 15444 SW 138 AV.  
CITY-ST-ZIP MIAMI, FL 33177



TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP



TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP



TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP



TITLE  
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:

*Mark A Cooper* MARK A COOPER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-00

Date

305-263-1106

Daytime Phone #

CR2E034 (9/99)