## 2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11627

Entity Name: COOPPA, INC.

**FILED** Feb 24, 2017 **Secretary of State** CC2934557518

## **Current Principal Place of Business:**

13550 SW 10TH STREET PEMBROKE PINES. FL 33027

## **Current Mailing Address:**

13550 SW 10TH STREET PEMBROKE PINES. FL 33027

FEI Number: 59-2564178 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

PEMBROKE PINES FL 33027

SHAPIRO, BLASI, WASSERMAN & GORA, P.A. 7777 GLADES RD **STE 400** 

BOCA RATON, FL 33434 US

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:

Electronic Signature of Registered Agent

Date

Officer/Director Detail:

CORPORATE SECRETARY Title Title **TREASURER** LEVIN. JANET MOSS, ELAINE Name Name Address 1001 SW 141ST AVE Address 13700 SW 11TH ST

K-303 A-412

PEMBROKE PINES FL 33027 City-State-Zip: PEMBROKE PINES FL 33027 City-State-Zip:

**PRESIDENT EXECUTIVE VICE PRESIDENT** Title Title

City-State-Zip:

Name ENSEY, WENDELL Name MOSES, WILLIAM

850 SW 138TH AVE Address Address 13700 SW 14TH STREET,

> D-109 D-108

PEMBROKE PINES FL 33027

Title ٧P Title ٧P

QUIAT, CARL ALTFIELD, FLORENCE Name Name

Address 12601 SW 13TH STREET Address 901 SW 141ST AVENUE G-301

M-312

PEMBROKE PINES FL 33027 PEMBROKE PINES FL 33027 City-State-Zip: City-State-Zip:

Title VΡ

City-State-Zip:

Name MAS, MARIA

Address 13455 SW 3RD STREET

S-102

PEMBROKE PINES FL 33027 City-State-Zip:

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 617, Florida Statutes, and that my name appears above, or on an attachment with all other like empowered.

02/24/2017 SIGNATURE: WENDELL ENSEY **PRESIDENT** 

Electronic Signature of Signing Officer/Director Detail

Date