

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N11627

Entity Name: COOPPA, INC.

**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:**

SHAPIRO, BLASI, WASSERMAN & GORA, P.A.  
7777 GLADES RD  
STE 400  
BOCA RATON, FL 33434 US

**FILED**  
**Jan 25, 2018**  
**Secretary of State**  
**CC7161386432**

*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 :**

Title CORPORATE SECRETARY  
Name LEVIN, JANET  
Address 1001 SW 141ST AVE  
K-303  
City-State-Zip: PEMBROKE PINES FL 33027

Title TREASURER  
Name MOSS, ELAINE  
Address 13700 SW 11TH ST  
A-412  
City-State-Zip: PEMBROKE PINES FL 33027

Title PRESIDENT  
Name ENSEY, WENDELL  
Address 850 SW 138TH AVE  
D-109  
City-State-Zip: PEMBROKE PINES FL 33027

Title EXECUTIVE VICE PRESIDENT  
Name MOSES, WILLIAM  
Address 13700 SW 14TH STREET,  
D-108  
City-State-Zip: PEMBROKE PINES FL 33027

Title VP  
Name QUIAT, CARL  
Address 12601 SW 13TH STREET  
G-301  
City-State-Zip: PEMBROKE PINES FL 33027

Title VP  
Name ALTFIELD, FLORENCE  
Address 901 SW 141ST AVENUE  
M-312  
City-State-Zip: PEMBROKE PINES FL 33027

Title VP  
Name MAS, MARIA  
Address 13455 SW 3RD STREET  
S-102  
City-State-Zip: PEMBROKE PINES FL 33027

Title VP  
Name MAS, FAUSTO  
Address 13455 SW 3RD STREET  
S-102  
City-State-Zip: PEMBROKE PINES FL 33027

**Continues on page 2**

*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.*

SIGNATURE: WENDELL ENSEY

PRESIDENT

01/25/2018

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title VP  
Name FRIEDMAN, SONIA  
Address 1251 SW 125TH AVENUE  
T-202  
City-State-Zip: PEMBROKE PINES FL 33027