

2019 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:

PEYTON BOLIN PL
3343 W. COMMERCIAL BLVD - STE. 100
FORT LAUDERDALE, FL 33309 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 :

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

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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: ELAINE MOSS

TREASURER

03/11/2019

_____ 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