

**2000 UNIFORM BUSINESS REPORT (UBR)**

DAge 7072

**DOCUMENT # P99000074683**

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. Entity Name  
**C.P.E. ASSOCIATES, INC.**

Principal Place of Business Mailing Address  
1010 S 28 AVE 1010 S 28 AVE  
HOLLYWOOD FL 33020 HOLLYWOOD FL 33020



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

4. FEI Number **65-0942581** Applied For Not Applicable

Zip Country Zip Country 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

**PERRY, CYNTHIA  
1010 S 28 AVE  
HOLLYWOOD FL 33020**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  **FILE NOW!!! FEE IS \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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 NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>PERRY, CYNTHIA</b> <b>1010 S 28 AVE</b> <b>HOLLYWOOD FL 33020</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>800003352898--7</b> <b>-08/10/00--01094--015</b> <b>****150.00 ****150.00</b>
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: Cynthia D. Perry SIGNATURE REQUIRED Cynthia D. Perry Date 7/6/2000 Daytime Phone # 954922-6630

CR2E034 (5/00)

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**C. P. E. ASSOCIATION, Inc.**  
**1010 S. 28<sup>th</sup> Avenue**  
**Hollywood, Florida 33020**

July 13, 2000

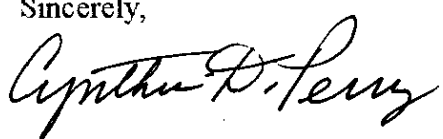
Mr. Tyrone Scott  
Division of Corporation  
Florida Department of State  
P. O. Box 6327  
Tallahassee, Florida 32314

Dear Mr. Scott:

As a follow-up to our conversation, I never received the Uniform Business Report or any notification from the Division of Corporation. I am writing to request that the late fee be waived.

Thank you for your consideration.

Sincerely,



Cynthia D. Perry  
President

CDP/og