

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# L01000005904

FILED  
Apr 29, 2002 8:00 AM  
Secretary of State

Entity Name: CPS CONTRACTORS, LLC

**Current Principal Place of Business:**

7100 BISCAYNE BLVD., SUITE 305  
MIAMI, FL 33138

**New Principal Place of Business:**

7100 BISCAYNE BLVD.  
SUITE # 305  
MIAMI, FL 33138

**Current Mailing Address:**

P.O. BOX 1086  
MIAMI, FL 33137

**New Mailing Address:**

FEI Number:                      FEI Number Applied For (X)                      FEI Number Not Applicable ( )                      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SCHAFFER, CRAIG I  
7100 BISCAYNE BLVD., SUITE 305  
MIAMI, FL 33138

**Name and Address of New Registered Agent:**

SCHAFFER, CRAIG I  
7100 BISCAYNE BLVD.  
SUITE # 305  
MIAMI, FL 33138

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: \_\_\_\_\_ 04/29/2002  
Electronic Signature of Registered Agent                      Date

**MANAGING MEMBERS/MEMBERS:**

Title:                      ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title:                      MGR                      ( ) Change (X) Addition  
Name:                      SCHAFFER, CRAIG I MGR  
Address:                      3301 NE 5TH AVE.  
City-St-Zip:                      MIAMI, FL 33137 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: CRAIG SCHAFFER                      MGR                      04/29/2002  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date