2000 UNIFORM BUSINESS REPORT (UBR) FILED **DOCUMENT # 622531** May 22, 2000 8:00 am Secretary of State C.P.C. PROPERTIES, INC. 05-22-2000 90042 045 ***150.00 Principal Place of Business Mailing Address 2500 HOLLYWOOD BLVD. 2500 HOLLYWOOD BLVD. STE 212 STE 212 HOLLYWOOD FL 33020-6615 HOLLYWOOD FL 33020 2. Principal Place of Business 3. Mailing Address 2237 N. Commerce Parkway 2237 N. Commerce Parkway Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite #3 Suite #3 Applied For City & State City & State 4. FEI Number 59-2164681 Not Applicable Weston, Fl <u>Weston, Fl</u> Country \$8.75 Additional 33526 33526 US US 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MANELLA, ROSS H. ESQ. MANELLA, ROSS ESQ. Street Address (P.O. Box Number is Not Acceptable) 2237 N. Commerce Parkway 2500 HOLLYWOOD BLVD. **STE 212** Suite #3 HOLLYWOOD FL 33020 City Weston 33326 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. Ross Manella 4/30/00 SIGNATURE (NOTE. Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Change ☐ Addition TITLE PD ☐ Delete TITLE NAME NAME BELL, PHIL STREET ADDRESS STREET ADDRESS 400 DE MAINSONNEUVE BLVD W., SUITE 1202 CITY-ST-ZIP CITY-ST-ZIP MONTREAL, QUEBEC CANADA H3A1L-4 Addition ☐ Delete ☐ Change TITLE **VPST** TITLE NAME NAME THOMAS, NACOS STREET ADDRESS STREET ADDRESS 400 DE MAINSONNEUVE BLVD W., SUITE 1202 CITY-ST-ZIP CITY-ST-ZIP MONTREAL, QUEBEC CANADA H3A1L-4 Addition ☐ Delete ☐ Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Delete Change □ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition TITLE □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP 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

SIGNATURE: Phil Bell 4/30/00 954-385-3637

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daysume Phone #

an address, with all other like empowered.

changed, or on an attachment with