

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Jul 24, 2001 08:00 AM****Secretary of State****DOCUMENT # F00000004785**1. Entity Name  
CWPFL, INC.**Principal Place of Business**

1505 EAST 17TH STREET, SUITE 210

SANTA ANA  
92705

CA

**Mailing Address**

1505 EAST 17TH STREET, SUITE 210

SANTA ANA  
92705

CA

**2. Principal Place of Business****3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

**4. FEI Number****33-0923909**

Applied For

Not Applicable

**5. Certificate of Status Desired****\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROADPLANTATION  
33324

US

FL

**7. Name and Address of New Registered Agent**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**07/24/2001**

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☒**FILE NOW!!! FEE IS \$150.00****After MAY 1, 2001 Fee will be \$550.00****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 D ☐ Delete  
NAME PEPE SPENCER  
STREET ADDRESS 1505 E. 17TH STREET, SUITE 210  
CITY-ST-ZIP SANTA ANA CA 92705TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE D ☐ Delete  
NAME GUNHUS JEFF  
STREET ADDRESS 1505 E. 17TH STREET, SUITE 210  
CITY-ST-ZIP SANTA ANA CA 92705TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE T ☐ Delete  
NAME MENESES TRACY  
STREET ADDRESS 1505 E. 17TH STREET, SUITE 210  
CITY-ST-ZIP SANTA ANA CA 92705TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE SD ☐ Delete  
NAME REID JASON  
STREET ADDRESS 1505 E. 17TH STREET, SUITE 210  
CITY-ST-ZIP SANTA ANA CA 92705TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE PCD ☐ Delete  
NAME STEWART MATTHEW K  
STREET ADDRESS 1505 E. 17TH STREET, SUITE 210  
CITY-ST-ZIP SANTA ANA CA 92705TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:** Tracy Meneses

T

07/24/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)