

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 29, 2002 8:00 am**  
**Secretary of State**

0035754

**DOCUMENT # F00000006308**

1. Entity Name

**CONSUMER PURCHASING ALLIANCE INTERNATIONAL CORPO  
 RATION**

03-29-2002 90201 033 \*\*\*\*61.25

Principal Place of Business Mailing Address  
 440 SOUTH FEDERAL HIGHWAY, SUITE 207-B 440 SOUTH FEDERAL HIGHWAY, SUITE 207-B  
 DEERFIELD BEACH FL 33144 DEERFIELD BEACH FL 33144



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

43-1637408

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

**PLATT, RONALD H**  
**440 SOUTH FEDERAL HIGHWAY, SUITE 207-B**  
**DEERFIELD BEACH FL 33144**

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)

DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00** May Be  
 Added to Fees

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete  
 NAME **P**  
 STREET ADDRESS **PLATT, RONALD H**  
 CITY-ST-ZIP **440 SOUTH FEDERAL HIGHWAY, SUITE 207-B**  
**DEERFIELD BEACH FL 33144**

☐ Change ☐ Addition  
 TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME **V**  
 STREET ADDRESS **PLATT, DAVID**  
 CITY-ST-ZIP **440 SOUTH FEDERAL HIGHWAY, SUITE 207-B**  
**DEERFIELD BEACH FL 33144**

☐ Change ☐ Addition  
 TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME **ST**  
 STREET ADDRESS **KING, IRIS**  
 CITY-ST-ZIP **440 SOUTH FEDERAL HIGHWAY, SUITE 207-B**  
**DEERFIELD BEACH FL 33144**

☐ Change ☐ Addition  
 TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
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 CITY-ST-ZIP

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with another like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/19/02 954 954-426-6571

CR2E037 (9/01)