2003 NOT-FOR-PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR**

DOCUMENT # F0000006308

1. Entity Name

CONSUMER PURCHASING ALLIANCE INTERNATIONAL CORPO



Jan 23, 2003 8:00 am Secretary of State 01-23-2003 90114 024 ****61.25

FILED

RATION

140 SOUTH FI	ce of Business EDERAL HIGHWAY. SUITE 207-B EACH FL 33144		Mailing Address 440 SOUTH FEDERAL HIGHWAY. SUITE 207-B DEERFIELD BEACH FL 33144			82% 88111 88111 88141 89311 88111	Bal ad ahili Ba	187 JAIR 1881	
2. Principal F	Place of Business	3. Mailing Address	3. Mailing Address						
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES			
City & Stat	te	City & State	City & State			4. FEI Number 43-1637408 Applied For Not Applied			
Zip	Country Zip		Country				3.75 Additional e Required		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
PLATT, RONALD H 440 SOUTH FEDERAL HIGHWAY, SUITE 207-B DEERFIELD BEACH FL 33144				Name Street Address (P.O. Box Number is Not Acceptable)					
				City	<u></u>	FL	Zip Cod	Δ	
	e named entity submits this stateme tions of registered agent. Signature, typed or printed name of registered a	-			stered agent, or both, in th	e State of Florida. I am far	niliar with,	and accept	
FILE NOW: FEE IS \$61.25			9. Election Campaign Financing Trust Fund Contribution.		\$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State			
10.			11.		ADDITIONS/CHANGES	TO OFFICERS AND DIRE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	THE COUNTY EDELT ALL THICKNEY, COLLECTED			E E ET ADDRESS - ST-ZIP	☐ Char - -			☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PLATT, DAVID 440 SOUTH FEDERAL HIGHW DEERFIELD BEACH FL 33144	•		1		[Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST KING, IRIS 440 SOUTH FEDERAL HIGHW DEERFIELD BEACH FL 33144	Delete VAY, SUITE 207-B				[] Change	☐ Addition	
TITLE IAME STREET ADDRESS SITY-ST-ZIP		☐ Delete				С] Change	☐ Addition	
ITLE NAME STREET ADDRESS NITY-ST-ZIP		Delete] Change	☐ Addition	
ITLE IAME TREET ADDRESS ITY-ST-ZIP	12. 2.	Delete		1		[Change	Addition	

12. I hereby certify that the information supplied with this filling 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 all other like impowered.

SIGNATURE