

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F02000002403

1. Entity Name  
CGP USA, INC.

CGP, INC (d/b/s)



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

03 SEP 10 AM 8:00

Principal Place of Business  
OMAR HODGE BLDG., 2ND FL  
WICKHAMS CAY I. ROAD TOWN. TORTOLA  
BRITISH VIRGIN ISLAND

Mailing Address  
404 WASHINGTON AVE., 8TH FL  
MIAMI BEACH FL 33139



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

MRD

4. FEI Number NOT APPLICABLE

Applied For  
Not Applicable

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

ARISTAY, AMAYA  
404 WASHINGTON AVE., 8TH FL  
MIAMI BEACH FL 33139

ARISTAY, AMAYA

Name  
Ct Corporation System

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

1200 S. Pine Island Rd

City Plantation FL Zip Code 33324

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

James A. Bordonaro  
Assistant Secretary

(NOTE: Register agent and title if applicable.)

DATE

FILE NOW!!! FEE IS \$150.00  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
C  
SERVCO LIMITED  
OMAR HODGE BLDG., 2ND FL, TORTOLA  
BRITISH VIRGIN ISLAND ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D (Director) ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P  
RESTREPO, ROSA  
OMAR HODGE BLDG., 2ND FL, TORTOLA  
BRITISH VIRGIN ISLAND ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
S  
MACTAVIOUS, ANNETTE  
OMAR HODGE BLDG., 2ND FL, TORTOLA  
BRITISH VIRGIN ISLAND ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition  
700022933747  
09/10/03--01064--014 \*\*550.00

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

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 607, 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 empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)



CORPORATION SERVICE COMPANY™

2 of 2

FILED

2003 SEP 10 PM 12:35

DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

ACCOUNT NO. : 072100000032

REFERENCE : 235980 4311473

AUTHORIZATION :

*Patricia Pizute*

COST LIMIT : \$ 55.00

ORDER DATE : September 9, 2003

ORDER TIME : 8:55 AM

ORDER NO. : 235980-005

CUSTOMER NO: 4311473

CUSTOMER: Ms. Nicole Sayfie  
Stearns Weaver Miller  
Suite 2200, Museum Tower  
150 West Flagler Street  
Miami, FL 33130

ANNUAL REPORT FILING

NAME: BO-MA, LLC

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Kimberly Moret-EXT#1149

EXAMINER'S INITIALS:

RECEIVED  
03 SEP 10 AM 10:40  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA