2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE: _

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED Apr 14, 2001 8:00 am Secretary of State **DOCUMENT # G10775** CPR INTERNATIONAL CORP. 04-14-2001 90033 047 ***150.00 Principal Place of Business Mailing Address % JOSE ORTEGA 2000 N.W. 92 AVENUE 2000 N.W. 92ND AVENUE MIAM! FL 33172 MIAMI FL 33172 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number 59-2236919 Applied For Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ORTEGA, JOSE A Street Address (P.O. Box Number is Not Acceptable) 2000 N.W. 92 AVE. MIAMI FL 33172 Zip Code City 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, typed or printed name of registered againt and title if applicable. SIGNATURE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. CR2E034 (10/00) Change ☐ Addition TITLE ☐ Delete UNANUE, FRANCISCO J. NAME NAME STREET ADDRESS ORQUIDEA #23 STA. MARIA STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP RIO PEIDRAS, P. R. □ Change ☐ Addition TITLE ☐ Delete TITLE UNANUE, JOSEPH A. NAME NAME STREET ADDRESS STREET ADDRESS 100 SEAVIEW DRIVE CITY-ST-ZIP CITY-ST-ZIP SECAUCUS NJ 07096 □ Delete Change __ Addition NAME ORTEGA, JOSE NAME STREET ADDRESS STREET ADDRESS 300 ARVIDA PKWY CITY-ST-ZIP CITY-ST-ZIP CORAL GABLES FL TITLE ☐ Delete ☐ Change ☐ Addition TITL F UNANUE, FRANCISCO JR NAME NAME STREET ADDRESS 2000 NW 92ND AVENUE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL TITLE ☐ Delete ☐ Change ☐ Addition TITLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete □ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.