

# 2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

00 MAY 24 AM 9:51

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** L99000000349  
**1. Entity Name**  
 CPM WORLDWIDE, LLC

**Principal Place of Business**      **Mailing Address**  
 528 N.W. 77TH STREET      528 N.W. 77TH STREET  
 BOCA RATON FL 33487      BOCA RATON FL 33481-0308



DO NOT WRITE IN THIS SPACE

**2. Principal Place of Business**      **3. Mailing Address**  
 5200 Town Center Circle      5200 Town Center Circle  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
 suite # 525      Suite # 525  
 City & State      City & State  
 Boca Raton, FL      Boca Raton, FL  
 Zip      Zip      Country      Country  
 33486      33486      USA      USA

**4. FEI Number**      Applied For  
 65-0900361      Not Applicable  
**5. Certificate of Status Desired**       **\$5.00 Additional Fee Required**

**6. Name and Address of Current Registered Agent**  
 D'ANGELO, RALPH  
 528 N.W. 77TH STREET  
 BOCA RATON FL 33487

**7. Name and Address of New Registered Agent**  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 5200 Town Center Circle  
 Suite # 525  
 City      State      Zip Code  
 Boca Raton      FL      33486

**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** \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ **DATE** \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**

**9. MANAGING MEMBERS/MEMBERS**

TITLE	NAME	STREET ADDRESS	CITY- ST- ZIP	<input type="checkbox"/> Delete
MGR	GELBART, TONY B	528 N.W. 77TH STREET	BOCA RATON FL 33487	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

**10. ADDITIONS/CHANGES**

TITLE	NAME	STREET ADDRESS	CITY- ST- ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
		5200 Town Center Circle # 525	Boca Raton, FL 33486	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 \*\*\*\*\*55.00 \*\*\*\*\*55.00

**11.** 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:** \_\_\_\_\_ **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER**  
 \_\_\_\_\_ **DATE** 05/18/00 **Daytime Phone #** (561) 345-3534

CR21-0113 (1/99)