2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M23450 1. Entity Name

SIGNATURE:

C P M ENTERPRISES INC.

Apr 17, 2000 8:00 am Secretary of State 04-17-2000 90135 030 ***150.00

305.592-1917

Principal Plac	e of Business	الهنب أن المستعلق الأسواء	Mailing Address			-4 .						
24005 S. DIXIE MIAMI FL 33033			24005 S. DIXIE HWY. MIAMI FL 33032-4019			,			_ ~		-	
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	59-266178	1	⊢	Applied For Not Applicable	-
Zip	i	Country	Zip	Zip Country			5. Certificate of Status Desired See Required					
	6. Name	and Address of Current	Registered Agent	<u> </u>	<u> </u>	7	. Name and A	dress of New F	Registered	Agent		1
					Name			´) <u>.</u> .				
2400), Mario V 05 S. Dixie 1 Mi FL 33032				Street A	dress (P.O	Box Number i	Schot Acceptable))R_		Λ	
					City /	241 5	PRINGS		FL	Zip Co	de/	7
8 The above	named entity	submits this statement for	or the purpose of changing i	its register						<u> </u>	166	1
o. The above	Trained entity	3 d	1 O Dairyose or changing i	ito registeri	ou omee or	regiotered		ar aro otato or r	(1		
SIGNATURE .	V,	Jacio V	luo		<u> </u>		<u> </u>		4/10	1/2000		
e 0.0	Signature, typed o	or printed name of registered agent	and title if applicable (NO	OTE: Registere	d Agent signatu	re required who	en reinstating)		DATE	<u> </u>		4
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) FILE NOW After MAY 1, 20 Make Check Payab					will be \$5	50.00		on Campaign Fil Fund Contributio			00 May Be ed to Fees	
11. OFFICERS AND DIRECTORS							ADDITIONS/CH	HANGES TO OFF	ICERS AND	DIRECTO	RS IN 11	1
TITLE	PSD	-	☐ Delete	· TIŢLI	E					☐ Change		6
NAME	PINO, MARIO V			NAM								CR2E034 (9/99)
STREET ADDRESS CITY-ST-ZIP		ITING LODGE DRIVE			ET ADDRESS - St-Zip							Ĕ
TITLE	MIAMI SPI PSD	ningo FL	☐ Delete	TITL						Change	Addition	18
NAME	PINO, MA	RIO V.		NAM						-		. {
STREET ADDRESS		ITING LODGE DRIVE		STR								
CITY-ST-ZIP	_MIAMI SPI	RINGS FL			-ST-ZIP			<u> </u>		- ()		-
TITLE			☐ Delete	TITLI						· 🔲 Change	☐ Addition	
NAME STREET ADDRESS					ET ADDRESS							
CITY-ST-ZIP				CITY	-ST-ZIP							_
TITLE			□ Delete	TITL	E					☐ Change	☐ Addition	
NAME				NAM								-
STREET ADDRESS CITY-ST-ZIP					ET ADDRESS -ST-ZIP							
TITLE			Delete	TITL						☐ Change	Addition	1
NAME			LLI Odiçle	NAM							_	
STREET ADDRESS				STRE	ET ADDRESS							
CITY-ST-ZIP		AP 6		CITY	-ST-ZIP							4
TITLE			☐ Delete	TITU						☐ Change	Addition	
NAME STREET ADDRESS				NAM STRE	et address							
STREET ADDRESS CITY-ST-ZIP					:E1 ADDRESS -St-Zip							
	Lertify that the on this report poration or th , or on an atta	information supplied with tor supplemental report is e receiver or trustee emp chment with art address,	n this filing does not qualify s true and accurate and the owered to execute this repl with all other like empossible			ed in Section ave the sand pter 607, Fl	on 119.07(3)(i), ne legal effect a lorida Statutes;	Florida Statutes. is if made under and that my nam	I further ce oath; that I ne appears i	rtify that the am an offic in Block 11	e information er or director or Block 12 if	