

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N16619

1. Entity Name

C/P ASSOCIATION, INC.

**FILED**  
May 17, 2000 8:00 am  
Secretary of State

05-17-2000 90854 037 \*\*\*\*61.25

Principal Place of Business

Mailing Address

2175 N. POWERLINE ROAD  
SUITE 3  
POMPANO BEACH FL 33069

2175 N. POWERLINE ROAD  
SUITE 3  
POMPANO BEACH FL 33069-1264

2. Principal Place of Business

2183 N. Powerline Rd.

Suite, Apt. #, etc.

Suite 1

City & State  
Pompano Beach, FL

Zip

33069

Country

USA

3. Mailing Address

2183 N. Powerline Rd

Suite, Apt. #, etc.

Suite 1

City & State  
Pompano Bch, FL

Zip

33069

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0153657

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

JAZE, SCOTT C

2175 N. POWERLINE ROAD

SUITE 3

POMPANO BEACH FL 33069

7. Name and Address of New Registered Agent

Name R. Mark Stephenson

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

2183 N. Powerline Rd Suite 1

City Pompano Beach

FL

Zip Code 33069

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 R. MARK STEPHENSON

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/26/00

DATE

FILE NOW:  
FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD YOUNG, GREG 2085 N POWERLINE ROAD, SUITE 1 POMPANO BEACH FL 33069	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD YOUNG, MARLYN 2085 N POWERLINE ROAD SUITE 1 POMPANO BEACH FL 33069	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BENZAKEN, DAVID 2175 N. POWERLINE ROAD SUITE 3 POMPANO BEACH FL 33069	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GROSSMAN, GARY 2087 N POWERLINE ROAD SUITE 1 POMPANO BEACH FL 33069	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Benzaken, David 2183 N. Powerline Rd Suite 1 Pompano Beach, FL 33069	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 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 empowered.

SIGNATURE:

GARY GROSSMAN  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)