

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2002 8:00 am
Secretary of State

03-05-2002 90048 014 ***150.00

DOCUMENT # P00000051550

1. Entity Name
CEPEX USA, INC.

Principal Place of Business
8003 WESTSIDE INDUSTRIAL DRIVE
JACKSONVILLE FL 32219

Mailing Address
8003 WESTSIDE INDUSTRIAL DRIVE
JACKSONVILLE FL 32219

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip **Country**

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip **Country**



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3650743

Applied For
☐ **Not Applicable**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

RAX CO.
C/O MCGUIRE, WOODS, BATTLE & BOOTHE LLP
50 NORTH LAURA STREET, 3300 BARNETT CENTER
JACKSONVILLE FL 32202

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** **Zip Code**

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After May 1, 2002, Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE	D <input checked="" type="checkbox"/> Delete
NAME	PLANES VILA, JOAN
STREET ADDRESS	CARRER DELS AMETLERS NO. 6 08213 POLINYA
CITY-ST-ZIP	BARCELONA, SPAIN
TITLE	D <input checked="" type="checkbox"/> Delete
NAME	MORENO, ALBERT
STREET ADDRESS	P LLUIS COMPANYYS 51-53 08400 GRANOLLERS
CITY-ST-ZIP	BARCELONA, SPAIN
TITLE	D <input type="checkbox"/> Delete
NAME	ARREBOLA, PEDRO
STREET ADDRESS	8003 WESTSIDE INDUSTRIAL DRIVE
CITY-ST-ZIP	JACKSONVILLE FL 32219
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	CHAIRMAN <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORENO, ALBERT
STREET ADDRESS	P LLUIS COMPANYYS 51-53 08400 GRANOLLERS
CITY-ST-ZIP	BARCELONA, SPAIN
TITLE	PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ANDRE COTE
STREET ADDRESS	8003 WESTSIDE INDUSTRIAL DRIVE
CITY-ST-ZIP	JACKSONVILLE FL 32219
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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 or name change.

SIGNATURE: _____ **MARCH 26, 2002 (904) 695-1441**
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ANDRE COTE