

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 14, 2002 8:00 am**  
**Secretary of State**

03-14-2002 90331 029 \*\*\*150.00

**DOCUMENT #** P00000061358

**1. Entity Name**

CPF MANAGEMENT INC.

440666

**DO NOT WRITE IN THIS SPACE**

**2. Principal Place of Business**

916 CHINA GRILL

**3. Mailing Address**

916 CHINA GRILL

Suite, Apt. #, etc.

404 WASHINGTON AVE

Suite, Apt. #, etc.

404 WASHINGTON AVE

City & State

MIAMI BEACH, FL

City & State

MIAMI BEACH, FL

Zip

33139

Country

DADE

Zip

33139

Country

DADE

**4. FEI Number**

65-1025072

Applied For

Not Applicable

**5. Certificate of Status Desired** ☐

**\$8.75 Additional  
Fee Required**

DO NOT WRITE IN THIS SPACE

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IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

Name

CHODOROW, JEFFREY

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

916 CHINA GRILL

404 WASHINGTON AVE

City

MIAMI BEACH

FL

Zip Code

33139

**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) ☒

**January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
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  
**NAME** CHODOROW, JEFFREY  
**STREET ADDRESS** 19925 NE 39 PLACE, PH. 701  
**CITY-ST-ZIP** AVENTURA FL 33180

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** D  
**NAME** CHODOROW, LUDIA  
**STREET ADDRESS** 19925 NE 39 PLACE, PH. 701  
**CITY-ST-ZIP** AVENTURA FL 33180

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** D  
**NAME** POLSENBORG, JACK  
**STREET ADDRESS** 4 GARTLEY DRIVE  
**CITY-ST-ZIP** NEWTOWN SQUARE PA 19073

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** D  
**NAME** FAGGEN, NELL  
**STREET ADDRESS** 1248 GULPH CREEK DRIVE  
**CITY-ST-ZIP** RADNOR PA 19087

**TITLE**  
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**CITY-ST-ZIP**

**DO NOT WRITE  
IN THIS SPACE**

**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 on an attachment with an address, with all other like empowered.**

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JACK POLSENBORG, Vice President

2-19-02

Date

305 957-0800

Daytime Phone #

CR2E034B (12/01)