

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000090095

1. Entity Name
C.G.P. ENTERPRISE INC.

Principal Place of Business
6101 CLEVELAND STREET SUITE D4
HOLLYWOOD FL 33024

Mailing Address
6101 CLEVELAND STREET SUITE D4
HOLLYWOOD FL 33024

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
65-1071257

APPLIED FOR

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LEDUC, REJEAN
1001 NORTH FEDERAL HIGHWAY SUITE 202
HALLANDALE FL 33009

7. Name and Address of New Registered Agent

Name PELLETIER, GILLES

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

6101 CLEVELAND ST. # D4

City HOLLYWOOD

FL

Zip Code 33024

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 *Gilles Pelletier* TRES GILLES PELLETIER

(NOTE: Registered Agent signature required when reinstating)

1-30-02
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 NAME STREET ADDRESS CITY-ST-ZIP	PD GIRARD, CLAUDE 80 ROOSEVELT REPENTIGNY, QC. CANADA J5-Y3J5 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD PELLETIER, GILLES 41 RUE OSAIS LEDUC BLAINVILLE QUEBEC J7C 4E1 <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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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
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

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, with all other like empowered.

SIGNATURE:

Gilles Pelletier TRES GILLES PELLETIER

1-30-02
Date Daytime Phone #

Gilles Pelletier SEC-TRES GILLES PELLETIER 6-13-2

FILED
Jun 19, 2002 8:00 am
Secretary of State

05-17-2002 90012 008 ***150.00
06-19-2002 90461 035 *****8.75

869865



DO NOT WRITE IN THIS SPACE

CR2E034 (9/01)