2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2002 8:00 AM
Secretary of State

DOCUMENT# P00000100212

Entity Name: C.P.G. INSURANCE AGENCY, INC.

Current Principal Place of Business:

C/O MARK PERLMAN, P.A.
1820 E. HALLANDALE BEACH BLVD.
HALLANDALE, FL 33009

New Principal Place of Business:

Current Mailing Address:

C/O MARK PERLMAN, P.A.
1820 E. HALLANDALE BEACH BLVD.
HALLANDALE, FL 33009

New Mailing Address:

FEI Number: 65-1051573 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PERLMAN, MARK
1820 E. HALLANDALE BEACH BLVD.
HALLANDALE, FL 33009

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: GRIZZAFFI, MARIA P
Address: 137 GOLDEN ISLE DRIVE APT. 1007
City-St-Zip: HALLANDALE, FL 330095811

Title: STD ( ) Delete
Name: GRIZZAFFI, CARL
Address: 137 GOLDEN ISLE DRIVE APT. 1007
City-St-Zip: HALLANDALE, FL 330095811

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARIA P. GRIZZAFFI PRES 04/30/2002

Electronic Signature of Signing Officer or Director — Date