## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## Sep 12, 2003 8:00 am Secretary of State P00000100212 DOCUMENT # 09-12-2003 90094 003 \*\*\*150.00 C.P.G. INSURANCE AGENCY, INC. Mailing Address Principal Place of Business C/O MARK PERLMAN, P.A. C/O MARK PERLMAN, P.A. 1820 E. HALLANDALE BEACH BLVD. 1820 E. HALLANDALE BEACH BLVD. HALLANDALE FL 33009 HALLANDALE FL 33009 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 65-1051573 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name - PERLMAN, MARK - -Street Address (P.O. Box Number is Not Acceptable) 1820 E. HALLANDALE BEACH BLVD. HALLANDALE FL 33009 City 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 After September 10, 2003 Fee will be \$750.00 9. Election Campaign Financing \$5.00 May Be $\Box$ Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE ☐ Delete TITLE Change ☐ Addition GRIZZAFFI, MARIA P NAME NAME 137 GOLDEN ISLE DRIVE APT. 1007 STREET ADDRESS STREET ADDRESS HALLANDALE FL 33009-5811 CITY-ST-ZIP CITY-ST-ZIP STD TITLE ☐ Delete TITLE ☐ Change ☐ Addition GRIZZAFFI, CARL NAME NAME 137 GOLDEN ISLE DRIVE APT. 1007 STREET ADDRESS STREET ADDRESS HALLANDALE FL 33009-5811 CITY-ST-ZIP CITY+ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS

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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with with all other like empowered.

CITY-ST-7IP

SIGNATURE:

CITY-ST-ZIP

Attachment



90156758 #P00000100212

September 9, 2003.

Florida Department of State Division of Corporation P.O.BOX 6372
Tallahassee, Florida 32314

To whom it may concern:

I am an officer of the Corporation and President for C.P.G. Insurance Agency, Inc. D/B/A Fed Usa Insurance & Financial Serv. I am sending you this letter with a check enclosed for the amount of \$150.00 requesting to please waive the late fee for the reason been that I never received the prior notice to file the 2003 uniform Business report.

If you have any question please do not hesitate to contact me at (954) 964-6200.

Yours Truly,

Maria Grizzaffi.
President