

2003 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90726 022 ***150.00

DOCUMENT # P00000114153

1. Entity Name

C.P.O., INC

Principal Place of Business

19 NW 45TH AVE #108
 DEERFIELD BEACH, FL 33442

Mailing Address

19 NW 45TH AVE #108
 DEERFIELD BEACH, FL 33442

2. Principal Place of Business
 17970 NE 31 COURT

3. Mailing Address
 17970 NE 31 COURT

Suite, Apt. #, etc.
 #4313

Suite, Apt. #, etc.
 #4313

City & State
 AVENTURA, FL

City & State
 AVENTURA, FL

Zip
 33160

Country
 USA

Zip
 33160

Country
 USA

4. FEI Number
 65-1065225

Applied For
 Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

PERICO, CAMILO
 19 NW 45TH AVE #108
 DEERFIELD BEACH, FL 33442

7. Name and Address of New Registered Agent

Name
 PERICO, CAMILO

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

17970 NE 31 COURT, #4313

City
 AVENTURA, FL

FL

Zip Code
 33160

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 NAME STREET ADDRESS CITY-ST-ZIP	P PERICO, CAMILO 19 NW 45TH AVE #108 DEERFIELD BEACH, FL 33442	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HERRERA, LUIS PATRICIA 19 NW 45TH AVE #108 DEERFIELD BEACH, FL 33442	<input checked="" 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	P PERICO, CAMILO 17970 NE 31 COURT, #4313 AVENTURA, FL 33160	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FRANCO, ANDRES 17970 NE 31 COURT, #4313 AVENTURA, FL 33160	<input type="checkbox"/> Change <input checked="" 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/2003

Date

(305) 692-5355

Daytime Phone #

CR2034 (9/01)