

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 01, 2002 8:00 am
Secretary of State

02-10-2002 90035 015 ***150.00

DOCUMENT # P01000094741
1. Entity Name
 CP3 AMERICA, INC.

Principal Place of Business **Mailing Address**
 209 NORTH ATLANTIC BLVD #5F 209 NORTH ATLANTIC BLVD #5F
 FT LAUDERDALE FL 33304 FT LAUDERDALE FL 33304



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business **3. Mailing Address**
 2800 SW 4th AVE Same
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 Box # 2

City & State **City & State**
 Ft Lauderdale FL.

4. FEI Number **Applied For**
 65-1141671 Not Applicable

Zip **Country** **Zip** **Country**
 33315 USA

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
 SANTAMARIA, ANGELO
 209 NORTH ATLANTIC BLVD #5F
 FT LAUDERDALE FL 33304

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** **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.

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	TD	<input type="checkbox"/> Delete
NAME	SANTAMARIA, ANGELO	
STREET ADDRESS	209 NORTH ATLANTIC BLVD #5F	
CITY-ST-ZIP	FT LAUDERDALE FL 33304	
TITLE	D	<input type="checkbox"/> Delete
NAME	SANTAMARIA, SANDRO	
STREET ADDRESS	209 NORTH ATLANTIC BLVD #5F	
CITY-ST-ZIP	FT LAUDERDALE FL 33304	
TITLE	D	<input type="checkbox"/> Delete
NAME	FABBRINI, FRANCESCO	
STREET ADDRESS	209 NORTH ATLANTIC BLVD #5F	
CITY-ST-ZIP	FT LAUDERDALE FL 33304	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-07-02 **(984) 895-7259**
Date Daytime Phone #

CR2E034 (9/01)