

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 18, 2003 8:00 am**  
**Secretary of State**

04-18-2003 90182 028 \*\*\*158.75

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**DOCUMENT # P01000094741**

1. Entity Name  
**CP3 AMERICA, INC.**



Principal Place of Business  
**2800 SW 4TH AVE  
BAY #2  
FORT LAUDERDALE FL 33315**

Mailing Address  
**2800 SW 4TH AVE  
FT LAUDERDALE FL 33315**



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 **65-1141671**

Applied For  
Not Applicable

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

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SANTAMARIA, ANGELO  
209 NORTH ATLANTIC BLVD #5F  
FT LAUDERDALE FL 33304**

Name **Santamaria, ANGELO**  
Street Address (P.O. Box Number is Not Acceptable) **3915 HAWKS**  
City **Weston** FL Zip Code **33331**

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]*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>TD</b> <input type="checkbox"/> Delete
NAME	<b>SANTAMARIA, ANGELO</b>
STREET ADDRESS	<b>2800 SW 4TH AVE</b>
CITY-ST-ZIP	<b>FT LAUDERDALE FL 33315</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>SANTAMARIA, SANDRO</b>
STREET ADDRESS	<b>2800 SW 4TH AVE</b>
CITY-ST-ZIP	<b>FT LAUDERDALE FL 33315</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>FABBRINI, FRANCESCO</b>
STREET ADDRESS	<b>2800 SW 4TH AVE</b>
CITY-ST-ZIP	<b>FT LAUDERDALE FL 33315</b>
TITLE	<input type="checkbox"/> Delete
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TITLE	<input type="checkbox"/> Delete
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CITY-ST-ZIP	

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

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 an address, with all other like empowered.

SIGNATURE: *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-16-03

CR2E034 (10/02)