

# 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

0346364 AV

**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**  
Suite, Apt. #, etc.  
City & State  
Zip Country

**3. Mailing Address**  
Suite, Apt. #, etc.  
City & State  
Zip Country

CHECK HERE IF MAKING CHANGES

**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: 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]* (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**

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

**11. 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		

**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 REQUIRED** **4-16-03**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)