

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90758 036 ***150.00

DOCUMENT # **P02000012449**

1. Entity Name

CPY, CORPORATION



Principal Place of Business

**9395 S.W. 77 AV
SUITE 2037
MIAMI FL 33156**

Mailing Address

**9395 S.W. 77 AV
SUITE 2037
MIAMI FL 33156**

2. Principal Place of Business

**281 CORRY Village
Suite, Apt. #, etc. 13**

3. Mailing Address

**281 CORRY Village
Suite, Apt. #, etc. 13**



☒ CHECK HERE IF MAKING CHANGES

City & State

GAINESVILLE FL

City & State

GAINESVILLE FL

4. FEI Number

02-0541929

Applied

Not App

Zip

Country

32603

Zip

Country

32603

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CABRERA PEDRO M
9395 S.W. 77 AV, STE 2037
MIAMI FL 33156**

Name

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

**281 CORRY Village
SUITE 13**

City

GAINESVILLE

FL

Zip Code
32603

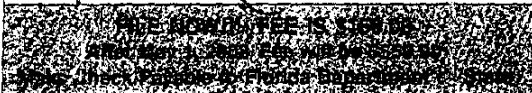
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and a

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE



9. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 Me Added to Fe

10. OFFICERS AND DIRECTORS

TITLE **PD** NAME **CABRERA, PEDRO M.** ☐ Delete
STREET ADDRESS **9395 S.W. 77 AV, STE 2037**
CITY-ST-ZIP **MIAMI FL 33156**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1

TITLE ☒ Change ☐
NAME
STREET ADDRESS **281 CORRY Village #13**
CITY-ST-ZIP **GAINESVILLE, FL 32603**

TITLE ☐ Change ☐
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐
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 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

4/9/03 (786) 200-3989