

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2003 8:00 am
Secretary of State

01-29-2003 90291 032 ***150.00

02/27/05 AV

DOCUMENT # P02000094599

1. Entity Name
CPC-CAPS, INC.



Principal Place of Business
**536 BILTMORE WAY
CORAL GABLES FL 33134**

Mailing Address
**536 BILTMORE WAY
CORAL GABLES FL 33134**



2. Principal Place of Business
2315 NW 107 Avenue

3. Mailing Address
2315 NW 107 Avenue

Suite, Apt. #, etc.
Suite 1M39

Suite, Apt. #, etc.
Suite 1M39

City & State
Miami, Florida

City & State
Miami, Florida

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number
05-0536811

Applied For
☐ Not Applicable

Zip Country
33172 U.S.A.

Zip Country
33172 U.S.A.

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

6. Name and Address of Current Registered Agent

**ORTIZ, ROBERTO ESQ
536 BILTMORE WAY
CORAL GABLES FL 33134**

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. 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 **1/24/03**

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 **DPS** ☐ Delete
NAME **SANCHEZ, JUAN E**
STREET ADDRESS **536 BILTMORE WAY**
CITY-ST-ZIP **CORAL GABLES FL 33134**

TITLE **DPS** ☒ Change ☐ Addition
NAME **Sanchez, Juan E.**
STREET ADDRESS **2315 NW 107 Ave. Suite 1M39**
CITY-ST-ZIP **Miami, Florida 33172**

TITLE **DVT** ☐ Delete
NAME **LOPEZ, JUAN D**
STREET ADDRESS **536 BILTMORE WAY**
CITY-ST-ZIP **CORAL GABLES FL 33134**

TITLE **DVT** ☒ Change ☐ Addition
NAME **Lopez, Juan D.**
STREET ADDRESS **2315 NW 107 Ave. Suite 1M39**
CITY-ST-ZIP **Miami, Florida 33172**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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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 an other like empowered.

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

Date

Daytime Phone #

CR2E034 (10/02)