

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 91783 026 \*\*\*150.00

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**DOCUMENT #** P02000128887

**1. Entity Name**  
CPMEN, CORP.



**Principal Place of Business**  
1001 BRICKELL BAY DRIVE  
SUITE 2600  
MIAMI FL 33131

**Mailing Address**  
1001 BRICKELL BAY DRIVE  
SUITE 2600  
MIAMI FL 33131

**11041507**



**2. Principal Place of Business**  
12550 Biscayne Blvd

**3. Mailing Address**  
12550 Biscayne Blvd

Suite, Apt. #, etc.  
405

Suite, Apt. #, etc.  
405

**City & State**

North Miami, FL

**City & State**

North Miami, FL

**Zip**

33181

**Country**

USA

**Zip**

33181

**Country**

USA

☐ CHECK HERE IF MAKING CHANGES

**4. FEI Number**

☒ Applied For

☐ Not Applicable

**5. Certificate of Status Desired**

☐ \$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

GRISALES-RACINI, OSCAR  
1001 BRICKELL BAY DRIVE  
SUITE 2600  
MIAMI FL 33131

**7. Name and Address of New Registered Agent**

Name OSCAR GRISALES-RACINI  
Street Address (P.O. Box Number is Not Acceptable)  
12550 Biscayne Blvd  
Suite 405  
City North Miami FL Zip Code 33181

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

(NOTE: Registered Agent signature required when reinstating)

**DATE**

04/30/2003

**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** PSD ☒ Delete  
**NAME** DELEON GARCIA, MARIA E  
**STREET ADDRESS** 1001 BRICKELL BAY DRIVE SUITE 2600  
**CITY-ST-ZIP** MIAMI FL 33131

**TITLE** VTD ☒ Delete  
**NAME** MAY, CHRISTOPHER  
**STREET ADDRESS** 1001 BRICKELL BAY DRIVE SUITE 2600  
**CITY-ST-ZIP** MIAMI FL 33131

**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 11**

**TITLE** PSD ☒ Change ☐ Addition  
**NAME** DELEON GARCIA, MARIA E  
**STREET ADDRESS** 12550 Biscayne Boulevard, 405  
**CITY-ST-ZIP** North Miami, FL 33181

**TITLE** VTD ☒ Change ☐ Addition  
**NAME** MAY, CHRISTOPHER  
**STREET ADDRESS** 12550 Biscayne Boulevard, 405  
**CITY-ST-ZIP** North Miami, FL 33181

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

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

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

**TITLE** ☐ Change ☐ 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:**

CHRISTOPHER MAY VTD

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/30/2003 (305) 8951313

Date

Daytime Phone #

CR2E034 (10/02)