

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 25, 2001 8:00 am**  
**Secretary of State**

01-25-2001 90130 016 \*\*\*150.00

**DOCUMENT # P93000018642**

1. Entity Name

**COMPENSATION PACKAGING PLUS CORPORATION**

Principal Place of Business

14884 EQUESTRIAN WAY  
 WEST PALM BEACH FL 33414

Mailing Address

14884 EQUESTRIAN WAY  
 WEST PALM BEACH FL 33414  
 13860 Wellington Trace #12  
 Wellington, FL 33414  
 561-795-9547 Fax 561-795-2493

2. Principal Place of Business

Compensation Packaging Plus Corporation  
 PMB 527

3. Mailing Address

Suite, Apt. #, etc.

13860 Wellington Trace #12  
 Wellington, FL 33414

City & State

561-795-9547 Fax 561-795-2493

City & State

City & State

City & State

City & State

4. FEI Number

65-0392267

Applied For

Not Applicable

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

SCHOENFELD, LEONARD

14884 EQUESTRIAN WAY

WEST PALM BEACH FL 33414

Leonard Schoenfeld

PMB 527

13860 Wellington Trace #12

Wellington, FL 33414

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
 Tax filing requirement and elects to do so.  
 (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
 Trust Fund Contribution. ☐

\$5.00 May Be  
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	SCHOENFELD, LEONARD	
STREET ADDRESS	14884 EQUESTRIAN WAY	
CITY-ST-ZIP	WEST PALM BEACH FL 33414	
TITLE	VP	<input type="checkbox"/> Delete
NAME	SCHOENFELD, NORMAN	
STREET ADDRESS	4162 CASTERSON COURT	
CITY-ST-ZIP	PLEASANTON CA	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	PMB 527 13860 Wellington Trace #12	
CITY-ST-ZIP	Wellington FL 33414	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 11 or Block 12 if 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

Leonard Schoenfeld

1/13/01

Date

561 309 9877

Daytime Phone #

CR2E034 (10/00)