2001 UNIFORM BUSINESS REPORT (UBR)

(1)

DOCUMENT # P93000006655 7

1. Entity Name

CPS Enterprises, Inc

FILED
2001 AUG 31 PM 2:20
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
2756 SE 11th ST POMPANO BEACH, FL 33062	SAME

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3201888 ☐ 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
GELLER, JACK J 2560 Gulf to Bay Blvd Ste 300 Clearwater, FL 34625	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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D HANNAN, JOSEPH 2756 SE 11 ST. POMPANO BEACH, FL 33062 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HANNAN MARGARET 2756 SE 11 ST POMPANO BEACH, FL 33062 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 000004571050--8 -09/05/01--01075--009 ****150.00 ****150.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition SL
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (11/00)

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: Jack S Geller 8/22/01 954-788-6390
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

(2)

August 22, 2001

Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Attention: Shawn

Thank you for your help downloading the Uniform Business Report. As I indicated in our conversation we originally filed the UBR in March of 2001. It was accompanied by our check number 8019. Our check was never cashed.

On June 19, 2001 I contacted Robin at your office. She had no record of receipt of our form or check. She gave me instructions to request a replacement form by telephone. I requested the form but it never arrived.

On August 22, you provided me with the instructions to download the form from your website. Attached please find the completed form, our check number 8100 in the amount of $150.00 and a copy of the original form.

If any further action is required by me please contact me at (954) 788-6390 or CPSenter@aol.com. I will be out of the office for most of the rest of August but will return full time in September.

Thank you for your help.

Joseph E. Hannan

CPS Enterprises, Inc.
2756 SE 11 Street
Pompano Beach, FL 33062

FEI# 59-3202888

2001 UNIFORM BUSINESS REPORT (UBR)

Copy of original filing

File Copy

Pd ch# 8019

(3)

DOCUMENT # P93000066557

1. Entity Name
CPS ENTERPRISES, INC.

Principal Place of Business	Mailing Address
2756 SE 11TH ST POMPANO BEACH FL 33062 US	2756 SE 11TH ST POMPANO BEACH FL 33062 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3202888 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

GELLER, JACK J
2560 GULF TO BAY BLVD.
STE. 300
CLEARWATER FL 34625

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.

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)

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

	11.		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE	D	☒ Delete	TITLE ☐ Change ☐ Addition
NAME	HANNAN, JOSEPH		NAME
STREET ADDRESS	2756 SE 11TH ST		STREET ADDRESS
CITY-ST-ZIP	POMPANO BEACH FL 33062		CITY-ST-ZIP
TITLE	D	☐ Delete	TITLE ☐ Change ☐ Addition
NAME	HANNAN, MARGARET		NAME
STREET ADDRESS	2756 SE 11TH ST		STREET ADDRESS
CITY-ST-ZIP	POMPANO BEACH FL 33062		CITY-ST-ZIP
TITLE		☐ Delete	TITLE ☐ Change ☐ Addition
NAME			NAME
STREET ADDRESS			STREET ADDRESS
CITY-ST-ZIP			CITY-ST-ZIP
TITLE		☐ Delete	TITLE ☐ Change ☐ Addition
NAME			NAME
STREET ADDRESS			STREET ADDRESS
CITY-ST-ZIP			CITY-ST-ZIP
TITLE		☐ Delete	TITLE ☐ Change ☐ Addition
NAME			NAME
STREET ADDRESS			STREET ADDRESS
CITY-ST-ZIP			CITY-ST-ZIP
TITLE		☐ Delete	TITLE ☐ Change ☐ Addition
NAME			NAME
STREET ADDRESS			STREET ADDRESS
CITY-ST-ZIP			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

3/15/2001 Date

954-788-6390 Daytime Phone #