

FILED
Feb 24, 2003 8:00 am
Secretary of State

02-10-2003 90400 004 ***158.75

2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

2/1

DOCUMENT # P96000101142

1. Entity Name
CFP ENTERPRISES, INC.



Principal Place of Business
1400 E OAKLAND PARK BLVD
STE #201
FORT LAUDERDALE FL 33334
US

Mailing Address
PO BOX 24962
FORT LAUDERDALE FL 33334
US



2. Principal Place of Business

2795 N. Andrews Ave

Suite, Apt. #, etc.

3. Mailing Address

PO Box 24962

Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State

Fort Lauderdale, FL

Zip

33311

Country

US

City & State

Fort Lauderdale, FL

Zip

33307

Country

US

4. FEI Number

65-0715464

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

NELKIN, STEWART

3800 GALT OCEAN DR

#1610

FORT LAUDERDALE FL 33-3085

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

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

STEWART NELKIN, VP

2-6-03

DATE

(NOTE: Registered Agent signature required when reinstating)

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 PD
NAME ENGLEMAN, BRUCE
STREET ADDRESS 8 BAYBERRY LN
CITY-ST-ZIP UNCASVILLE CT ☐ Delete

TITLE VPS
NAME NELKIN, STEWART
STREET ADDRESS 3800 GALT OCEAN DR #1610
CITY-ST-ZIP FT LAUDERDALE FL 33308 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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, year all other like empowered.

SIGNATURE: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STEWART NELKIN

2-20-03

Date

454-565-4009

Daytime Phone #

CR2E034 (10/02)