

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000001880

1. Entity Name

CP DISTRIBUTORS INC.

FILED
Mar 29, 2000 8:00 am
Secretary of State

03-29-2000 90055 008 ***150.00

Principal Place of Business

Mailing Address

2665 SOUTH BAYSHORE DRIVE
 SUITE 901
 MIAMI FL 33133

2665 SOUTH BAYSHORE DRIVE
 SUITE 901
 MIAMI FL 33133-5401

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0718431

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

CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE FL 32301-2525

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, 2000 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 DV ☒ Delete
 NAME LOGAN, BARRY S
 STREET ADDRESS 2665 S BAYSHORE DR, STE 901
 CITY-ST-ZIP MIAMI FL 33133

TITLE DVPT ☐ Change ☒ Addition
 NAME Menendez, Ana M.
 STREET ADDRESS 2665 S Bayshore Dr, Ste 901
 CITY-ST-ZIP Coconut Grove, FL 33133

TITLE D ☒ Delete
 NAME NAHMAD, ALBERT H
 STREET ADDRESS 2665 S BAYSHORE DR, STE 901
 CITY-ST-ZIP MIAMI FL 33133

TITLE P Sec D ☐ Change ☒ Addition
 NAME Logan, Barry S.
 STREET ADDRESS 2665 S Bayshore Dr, Ste 901
 CITY-ST-ZIP Coconut Grove, FL 33133

TITLE PD ☒ Delete
 NAME PEREZ DE LA MESA, MANUEL
 STREET ADDRESS 2665 S BAYSHORE DR, STE 901
 CITY-ST-ZIP MIAMI FL 33133

TITLE Asst T ☐ Change ☒ Addition
 NAME Palmese, Daniel
 STREET ADDRESS 2665 S Bayshore Dr, Ste 901
 CITY-ST-ZIP Coconut Grove, FL 33133

TITLE V ☒ Delete
 NAME BREESE, JOHN
 STREET ADDRESS 2665 S BAYSHORE DR, STE 901
 CITY-ST-ZIP MIAMI FL 33133

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

TITLE V ☒ Delete
 NAME DONEGAN, PETER
 STREET ADDRESS 2665 S BAYSHORE DR, STE 901
 CITY-ST-ZIP MIAMI FL 33133

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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

Daniel Palmese
 Asst. Treasurer

03/29/00

(305) 714-7777

Date

Daytime Phone

CR2E034 (9/99)