

2001 UNIFORM BUSINESS REPORT (UBR)

0156538

DOCUMENT # P97000001880

1. Entity Name

CP DISTRIBUTORS INC.

Principal Place of Business

2665 SOUTH BAYSHORE DRIVE
SUITE 901
MIAMI FL 33133

Mailing Address

2665 SOUTH BAYSHORE DRIVE
SUITE 901
MIAMI FL 33133

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

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

7. Name and Address of New Registered Agent

Name ANA M. MENENDEZ, VP / T
Street Address (P.O. Box Number is Not Acceptable)
2665 S. BAYSHORE DR.
Suite # 901
City COCONUT GROVE FL Zip Code 33133

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 ANA M. MENENDEZ
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

03/14/01
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

TITLE DVPT
NAME MENEKDEZ, ANA M
STREET ADDRESS 2665 S. BAYSHORE DR. STE 901
CITY-ST-ZIP COCONUT GROVE FL 33133 ☐ Delete

TITLE PSD
NAME LOGAN, BARRY S
STREET ADDRESS 2665 S. BAYSHORE DR. STE 901
CITY-ST-ZIP MIAMI FL 33133 ☐ Delete

TITLE AT
NAME PALMESE, DANIEL
STREET ADDRESS 2665 S. BAYSHORE DR. STE 901
CITY-ST-ZIP MIAMI FL 33133 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME JOHN BREESE
STREET ADDRESS 13202 I STREET
CITY-ST-ZIP OMAHA, NE 68137 ☐ Change ☒ Addition

TITLE T
NAME GARY HELLER
STREET ADDRESS 13202 I STREET
CITY-ST-ZIP OMAHA, NE 68137 ☐ Change ☒ Addition

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

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

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

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

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: DAN PALMESE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/14/01
Date

305-714-4119
Daytime Phone #

CR2E034 (10/00)