

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 19, 2003 8:00 am
Secretary of State

03-19-2003 90151 050 ***150.00

DOCUMENT # P97000041492

1. Entity Name
CPC FINANCIAL ADVISORS, INC.



Principal Place of Business
1000 BRICKELL AVE
STE 900
MIAMI FL 33131
US

Mailing Address
1000 BRICKELL AVE
STE 900
MIAMI FL 33131
US



2. Principal Place of Business
999 Brickell Ave

3. Mailing Address
999 Brickell Ave

Suite, Apt. #, etc.
Suite 600

Suite, Apt. #, etc.
Suite 600

City & State
Miami FL

City & State
Miami FL

Zip
33131

Country
US

Zip
33131

Country
US

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-0751105

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

CONNELL, HAROLD L
1000 BRICKELL AVE
STE 900
MIAMI FL 33131

Name

Street Address (P.O. Box Number is Not Acceptable)

999 Brickell Ave

Suite 600

City
Miami

FL

Zip Code
33131

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DOT
CONNELL, HAROLD L
1000 BRICKELL AVE, STE 900
MIAMI FL 33131 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
999 Brickell Ave, Ste 600
Miami, FL 33131 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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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, with all other like empowered.

SIGNATURE:

David L. Connell
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/17/03

Date

Daytime Phone #

CR2E034 (10/02)