

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 92203 019 \*\*\*150.00

0199210 AV

**DOCUMENT # P97000098747**

1. Entity Name  
**C & P MANAGEMENT CORP**



Principal Place of Business  
**338 BURTON DR  
TAVERNIER FL 33070  
US**

Mailing Address  
**PO BOX 253  
TAVERNIER FL 33070  
US**



2. Principal Place of Business  
**94825 Overseas Hwy #81**

3. Mailing Address  
**P.O. Box 253**

Suite, Apt. #, etc.  
**B1**

Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State  
**Key Largo, Fla.**

City & State  
**Tavernier, Fla.**

4. FEI Number  
**65-0795499**

☒ Applied For  
☐ Not Applicable

Zip  
**33037** Country  
**U.S.A.**

Zip  
**33070** Country  
**U.S.A.**

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 32301-0000**

**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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**3/27/03**

**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  
**P PEREZ, CARLOS A  
7395 NW 54 ST  
MIAMI FL 33166** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**President PEREZ, CARLOS  
94825 Overseas Hwy #81  
Key Largo, FL 33037** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**S PEREZ, JESENIA  
7395 NW 54 ST  
MIAMI FL 33166** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**S Perez, Jesenia  
94825 Overseas Hwy #81  
Key Largo, FL 33037** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**T PEREZ, CARLOS  
7395 NW 54 ST  
MIAMI FL 33166** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**T Perez, CARLOS  
94825 Overseas Hwy #81  
Key Largo, FL 33037** ☒ 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

TITLE  
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CITY-ST-ZIP  
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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: \_\_\_\_\_

**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**  
**CARLOS A. PEREZ**

Date

Daytime Phone #

**3/27/03 (305)  
852-5927**

CR2E034 (10/02)