## 2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER

## DOCUMENT # **P98000013260** Apr 26, 2000 8:00 am Secretary of State CEPAC 2000 INC 04-26-2000 90169 049 \*\*\*150.00 Principal Place of Business Mailing Address 105 S NARCISSUS AVE 105 S NARCISSUS AVE **STE 105** STE 105 WPB FL 33401-5524 WPB FL 33401 2. Principal Place of Business 3. Mailing Address lus S Narcissus Ave DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. 5uite 302 Applied For ity & State 4. FEI Number 65-0812343 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PERRAS. RENE SR 105 SOUTH NARCISSUS AVE SIE 105 302 WPB FL 33401 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS CR2E034 (9/99) hange **PVPS** PUPS ☐ Addition TITLE TITLE Delete Perras, Rena Sr 105 5 Narcissus Ave., Ste. 302 PERRAS, RENE SR NAME NAME STREET ADDRESS 105 S NARCISSUS AVE., STE 105 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WPB FL 33401 Change ☐ Addition Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP ☐ Change Addition TITLE TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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.