

04/28/2003 15:13 19545639751

ARTHUR TENENE

FILED
May 09, 2003 8:00 am
Secretary of State

05-09-2003 90156 045 ***150.00

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

DOCUMENT # P98000013839

1. Entity Name
CPM MANAGEMENT, INC.



10103654

Principal Place of Business
 7775 NW 48TH STREET
 STE. 110
 MIAMI, FL 33166 US

Mailing Address
 7775 NW 48TH STREET
 STE. 110
 MIAMI, FL 33166 US

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

65-0818271

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

ZINN, RICHARD
 7775 NW 48TH STREET
 SUITE 110
 MIAMI, FL 33166

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 date if applicable.

(NOTE: Registered Agent's Signature required when electing)

DATE

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	☐ Delete
	ZINN, RICHARD	7775 NW 48TH STREET, STE. 110	MIAMI, FL 33166	☐
				☐
				☐
				☐
				☐
				☐

TITLE	NAME	STREET ADDRESS	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

Date

Certificate Phone #

4/30/03 305-591-0888

CR2E004 (10/02)

1/1