2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P98000013875**

1. Entity Name

C.P.G. TRADING CORPORATION

Principal Place of Business Mailing Address

1442 W. FLAGLER ST. MIAMI EL 33135

1442 W. FLAGLER ST.

Suite, Apt. #, etc. Suite, Apt. #, etc. City & State Country Country Sip Country 5. Certificate of Status Desired Fee Required Fee Required Fee Required Fee Required Name VASQUEZ, J. ALEJANDRO 893 TANGLEWOOD CIR. WESTON FL 33327 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating) DATE 9. This corporation is eligible to satisty its Intangible Tax filling requirement and elects to do so. (See criteria on back) Make Check Payable to Department of State 10. Election Campaign Financing Trust Fund Contribution. \$5.01	
Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE	
City & State S. Name and Address of Current Registered Agent S. Name and Address of Current Registered Agent VASQUEZ, J. ALEJANDRO 893 TANGLEWOOD CIR. WESTON FL 33327 City City FL Zip Code City FL Zip Code S. The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. SIGNATURE SIGNATURE SIGNATURE Gravann, hoest or prettichens of incorrect agent and title Tappicase. MOTE Registered Agent signature required when remained wh	
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Steet Address of Country See Required 6. Name and Address of Currant Registered Agent VASQUEZ, J. ALEJANDRO 893 TANQLEWOOD CIR. WESTON FL 33327 City City FL Zip Code 8. The above named entity submits this stetement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. SIGNATURE Synature, hadd or present name of registered agent agent and tires it empty as it is eligible to satisfy its intangible Tax Hilling represent and effects to do so. (See criteria on back) The Deficiens And Directors TITLE NAME PROPHICES AND DIRECTORS CITY-SI-ZIP THE TO VAZQUEZ, JOSE ALEJANDR STREET ADDRESS CITY-SI-ZIP THE WANE STREET ADDRESS CITY-SI-ZIP THE NAME STR	olied For Applicable
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VASQUEZ, J. ALEJANDRO 893 TANGLEWOOD CIR. WESTON FL 33327 City City FL Zip Code C	
### ADDITIONS (P.O. BOX NUTRIGER IS NOT ACCEPTABLE) Street Address (P.O. BOX NUTRIGER IS NOT ACCEPTABLE)	
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 Signature, Speed or private name of registered agent and state if applicable. (NOTE Registered Agent algoritum requirement and selects to do so. (See criteria on back) STEET ADDRESS (See criteria on back) STEET ADDRESS (STY-ST-2P) STEET ADDRESS (STY-ST-2P) STEET ADDRESS (STY-ST-2P) STEET ADDRESS (STREET ADDRESS (STY-ST-2P) STEET ADDRESS (STREET ADDRESS (STY-ST-2P) STREET ADDRESS (STY-ST-2P) STREET ADDRESS (STREET ADDRESS (STY-ST-2P) STREET ADDRESS (STREET ADDRESS (STY-ST-2P	
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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 in	nformation

FILED
Mar 02, 2001 8:00 am
Secretary of State
03-02-2001 90069 041 ***158.75

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.