

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P98000020606**

1. Entity Name **CPV TRADING CORP.**

**FILED**  
**Apr 06, 2000 8:00 am**  
**Secretary of State**

04-06-2000 90034 020 \*\*\*150.00

Principal Place of Business Mailing Address  
**19601 E. COUNTRY CLUB DR.**  
**APT. 404**  
**AVENTURA, FL 33180**

2. Principal Place of Business **CLUB DR** 3. Mailing Address  
**19601 E. COUNTRY CLUB DR** **SAME**

Suite, Apt. #, etc. **APT. 404** Suite, Apt. #, etc. **SAME**

City & State **AVENTURA, FL** City & State **SAME**

Zip **33180** Country **DADE** Zip **SAME** Country **SAME**

DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0820943** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

## 6. Name and Address of Current Registered Agent

**CARLOS PIESCHACON**  
**19601 E. COUNTRY CLUB DR**  
**APT. 404**  
**AVENTURA, FL 33180**

## 7. Name and Address of New Registered Agent

Name **CARLOS PIESCHACON**  
Street Address (P.O. Box Number is Not Acceptable) **19601 E. COUNTRY CLUB DR.**  
**APT. 404**  
City **AVENTURA** FL Zip Code **33180**

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 satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☒

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

## 11. OFFICERS AND DIRECTORS

TITLE	<b>CARLOS PIESCHACON</b> <input type="checkbox"/> Delete
NAME	<b>19601 E. COUNTRY CLUB DR</b>
STREET ADDRESS	<b>APT. 404</b>
CITY-ST-ZIP	<b>AVENTURA, FL 33180</b>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>CARLOS PIESCHACON</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PRESIDENT</b>
STREET ADDRESS	<b>SAME</b>
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**PRESIDENT (305) 986-2369**

CR2E034 (9/99)