2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P98000088151 **DOCUMENT #**

1. Entity Name

SIGNATURE



FILED Jan 13, 2003 8:00 am Secretary of State 01-13-2003 90821 036 ***150.00

C.P. VEGETABLE OIL (FLORIDA) INC.]		
Principal Place of Business 601 S.W. 21ST TERRACE #1 FT. LAUDERDALE FL 33312		Mailing Address 601 S.W. 21ST TERRACE #1 FT. LAUDERDALE FL 33312					
2. Principal Place of Business		3. Mailing Address			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	: 66 111 66161 18181 18181 11	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES		
City & St	ate	City & State			4. FEI Number 65-0878660 Applied For		
Zíp	Country	Zip	Country		5. Certificate of Status Desired	\$8.75 A	Not Applicable
	6. Name and Address of Current	Registered Agent	<u></u>		7. Name and Address of New Re	Fee Requi	ired
PELLEDII	N, CHRISTIAN	and the second s	Na	ame Chr	istian -Peliert		
4001 S OCEAN DR #6B			St	reet Address (P. 928 N	O. Box Number is Not Acceptable)	/1	
<u>L</u> .	OOD FL 33019-3017	y the course	Cit	P 1/2/14	ration	FL 33	324
the obliga	e named entity submits this statement fo ations of registered agent. Signature, typed or printed name of registered agent.		Chri		ellerin (President)	da. I am familiar with $1/9/03$	n, and accept
Afte	FILE NOW!!! FEE IS \$150.00 or May 1, 2003 Fee will be \$550.00 k Payable to Florida Department of	State		torgenerate required wi	S. Election Campaign Final Trust Fund Contribution.	+	00 May Be
TITLE	OFFICERS AND		11.		ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTOR	RS IN 11
NAME STREET ADDRESS CITY-ST-ZIP	PELLERIN, CHRISTIAN 4001 S. OCEAN DR., # 6B HOLLYWOOD FL 33019	☐ Delete	TITLE NAME STREET ADDR	Pelle 928 Plan	rin, Christian Nw 110 Ave. ntation, FL 333	© Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST VINET, CLAUDE 4001 S. OCEAN DR., # 6B HOLLYWOOD FL 33019	□ Delete	TITLE NAME STREET ADDR CITY-ST-ZIP			☐ Change	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRI CITY-ST-ZIP	ESS		☐ Change	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRE CITY-ST-ZIP	ESS		☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRE CITY-ST-ZIP	SS		☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRES CITY-ST-ZIP	1		☐ Change	Addition
 I hereby ce indicated of the corp changed, c 	ertify that the information supplied with the on this report or supplemental report is trooration or the receiver or trustee empower on an attachment with an address, with	nis filing does not qualify for the ue and accurate and that my ered to execute this report as the all other like empowered.	he exemption s signature sha s required by 0	stated in Section Il have the same Chapter 607, Flo	n 119.07(3)(i), Florida Statutes. I furt e legal effect as if made under oath, rida Statutes; and that my name ap	her certify that the int that I am an officer of pears in Block 10 or I	formation or director Block 11 if