

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Feb 09, 2001 8:00 am**
Secretary of State

02-09-2001 90237 016 ***150.00

DOCUMENT # P99000016724

1. Entity Name

C.P.I. INTERNATIONAL SALES & MARKETING, INC.

Principal Place of Business

Mailing Address

**8087 MONTEREY DRIVE
UNIT F-1
RIVIERA BEACH FL 33404****8087 MONTEREY DRIVE
UNIT F-1
RIVIERA BEACH FL 33404**

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 **65-0910111**

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

**EDWARDS, M. CHRIS
317 TENTH STREET
WEST PALM BEACH FL 33401-3317**

Name

M. CHRIS EDWARDS

Street Address (P.O. Box Number is Not Acceptable)

1001 N. US Highway One, Ste. 400

City

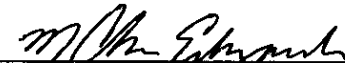
Jupiter**FL**

Zip Code

33477

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

**M. CHRIS EDWARDS****2/5/01**

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	PHILLIPS, SCOTT	
STREET ADDRESS	6192 EAGLES NEST DRIVE	
CITY-ST-ZIP	JUPITER FL 33458	
TITLE	D	<input type="checkbox"/> Delete
NAME	COSTELLO, RONALD J	
STREET ADDRESS	6192 EAGLES NEST DRIVE	
CITY-ST-ZIP	JUPITER FL 33458	
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		

TITLE	D,S,T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Phillips, Scott	
STREET ADDRESS	6192 Eagles Nest Drive	
CITY-ST-ZIP	Jupiter, FL 33458	
TITLE	D,P.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Costello, Ronald J.	
STREET ADDRESS	8087 Monetary Drive, Unit F-1	
CITY-ST-ZIP	Riviera Beach, FL 33404	
TITLE	D,VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jose Izaguirre	
STREET ADDRESS	8087 Monetary Drive, Unit F-1	
CITY-ST-ZIP	Riviera Beach, FL 33404	
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 #

RONALD J. COSTELLO**2/5/01****848-5790**

CR2E034 (10/00)