

# 2000 UNIFORM BUSINESS REPORT (UBR)

DAge 7012

DOCUMENT # P99000074683

1. Entity Name  
C.P.E. ASSOCIATES, INC.

FILED

00 JUL 27 AM 10:36

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
1010 S 28 AVE  
HOLLYWOOD FL 33020

Mailing Address  
1010 S 28 AVE  
HOLLYWOOD FL 33020

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

65-0942581

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

PERRY, CYNTHIA  
1010 S 28 AVE  
HOLLYWOOD FL 33020

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.

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
PERRY, CYNTHIA  
1010 S 28 AVE  
HOLLYWOOD FL 33020



TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP



TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP



TITLE  
NAME  
STREET ADDRESS  
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CITY-ST-ZIP



TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
800003352898--7  
-08/10/00--01094--015  
\*\*\*\*150.00 \*\*\*\*150.00



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: *Cynthia D. Perry* SIGNATURE REQUIRED *Cynthia D. Perry* 7/6/2000 954922-6630  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/00)

Page 2 of 2

**C. P. E. ASSOCIATION, Inc.**  
**1010 S. 28<sup>th</sup> Avenue**  
**Hollywood, Florida 33020**

July 13, 2000

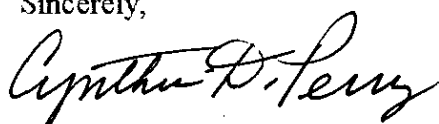
Mr. Tyrone Scott  
Division of Corporation  
Florida Department of State  
P. O. Box 6327  
Tallahassee, Florida 32314

Dear Mr. Scott:

As a follow-up to our conversation, I never received the Uniform Business Report or any notification from the Division of Corporation. I am writing to request that the late fee be waived.

Thank you for your consideration.

Sincerely,



Cynthia D. Perry  
President

CDP/og