

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000110507

1. Entity Name

C.P.M. TRADING COMPANY FLORIDA, INC.

Principal Place of Business

Mailing Address

C/O MCBRIDE BAKER & COLES  
ONE MID AMERICA PLAZA SUITE 1000  
OAKBROOK TERRACE IL 60181

C/O MCBRIDE BAKER & COLES  
ONE MID AMERICA PLAZA SUITE 1000  
OAKBROOK TERRACE IL 60181

2. Principal Place of Business

c/o Wildman, Harrold, Allen & Dixon

Suite, Apt. #, etc.

2300 Cabot Drive, Suite 455

3. Mailing Address

c/o Wildman, Harrold, Allen & Dixon

Suite, Apt. #, etc.

2300 Cabot Drive, Suite 455

City & State

Lisle, Illinois

City & State

Lisle, Illinois

Zip

60532

Country

USA

Zip

60532

Country

USA

4. FEI Number

36-4430047

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

7. Name and Address of New Registered Agent

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 \$150.00**  
**After MAY 1, 2001 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 **P** ☐ Delete  
NAME **FEGER, BRIGITTE**  
STREET ADDRESS **PO BOX 39**  
CITY-ST-ZIP **LIECHTENSTEIN 9490**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME **Secretary**  
STREET ADDRESS **Brigitte Feger**  
CITY-ST-ZIP **P.O. Box 39, Heiligkreuz 40, FL-9490**  
**Vaduz, Principality of Liechtenstein**

TITLE ☐ Change ☒ Addition  
NAME **Director**  
STREET ADDRESS **Brigitte Feger**  
CITY-ST-ZIP **P.O. Box 39, Heiligkreuz 40, FL-9490**  
**Vaduz, Principality of Liechtenstein**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Brigitte Feger

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
Apr 07, 2001 8:00 am  
Secretary of State

04-07-2001 90031 008 \*\*\*150.00

00032743



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)

0567336