

2000 UNIFORM BUSINESS REPORT (UBR)

5/

DOCUMENT # S56944

1. Entity Name

C P C APPLIANCE SERVICE, INC.

f

FILED
Aug 02, 2000 8:00 am
Secretary of State

05-12-2000 90013 049 ***150.00

Principal Place of Business

9000 SW 56TH TERR
MIAMI FL 33173
US

Mailing Address

9000 SW 56TH TERR
MIAMI FL 33173-1604
US

2. Principal Place of Business

P.O. Box 832063

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 832063

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Miami FL

City & State

Miami FL

4. FEI Number

65-0282427

Applied For

Not Applicable

Zip

Country

33283

Zip

Country

33283

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

COLON, ERIC
9000 SW 56TH TERR
MIAMI FL 33173

7701 N KENDALL DR.
B330
MIAMI FL 33156

7. Name and Address of New Registered Agent

Name

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

P.O. Box 832063

City

Miami FL

Zip Code

33283

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

Eric R. Colon

Signature, typed or printed name of registered agent and date if applicable

(NOTE: Registered Agent signature required when reinstating)

4/28/00.

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 NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

PD
COLON, ERIC R
9000 SW 56TH TERR
MIAMI FL

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

TITLE
NAME
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CITY-ST-ZIP

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CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

P.O. Box 832063
MIAMI FL 33283

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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

TITLE
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:

Eric R. Colon

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(305) 342-9013

Daytime Phone #

CR2E034 (9/99)