

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 20, 2000 8:00 am
Secretary of State

07-20-2000 90009 032 ***150.00

DOCUMENT # S66119

1. Entity Name

C.P.D.I., INC.

Principal Place of Business

10180 W. BAY HARBOR DR.
 BAY HARBOR FL 33154

Mailing Address

10180 W. BAY HARBOR DR.
 BAY HARBOR FL 33154

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

65-0270187

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

POSNER, CAROLE
 10180 W. BAY HARBOR DRIVE #6
 BAY HARBOR FL 33154

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 (\$550.00) 150⁰⁰
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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D POSNER, CAROLE 10180 W. BAY HARBOR DR. BAY HARBOR FL 33154	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

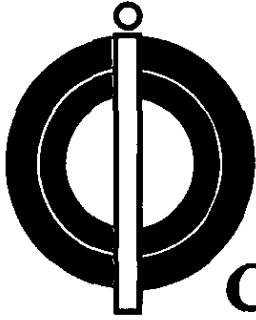
SIGNATURE:

Carole Posner
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/11/00
 Date

305-861-3001
 Daytime Phone #

CR2E034 (5/00)



B0103469

ATTACHED
\$66119

10180 West Bay Harbor Drive
Bay Harbor Islands, FL 33154
(305) 861-3001 / Fax: (305) 861-4129

CAROLE POSNER INTERIORS

A Division of C.P.D.I., Inc.

JULY 11, 2000

FLORIDA DEPT. OF STATE
DIVISION OF CORPORATIONS

ATT: KATHERINE HARRIS

DEAR MS. HARRIS;

ENCLOSED PLEASE FIND CHECK FOR \$150.00 TO COVER THE
CORPORATE RENEWAL FEE FOR THE YEAR 2000. A 1ST NOTICE FOR THIS FEE WAS
NEVER RECEIVED, AND I WAS ADVISED BY YOUR OFFICE TO RETURN THE FORM WITH
THIS \$150.00 TO INSURE PROPER STANDING AS A CORPORATION.

I TRUST THAT THIS MATTER IS SATISFACTORY AND NO FURTHER ACTION IS REQUIRED.

THANK YOU.

SINCERELY,

CAROLE POSNER, PRESIDENT
CPDI, INC.