

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2001 8:00 am
Secretary of State
 04-11-2001 90095 032 ***150.00

0164748

DOCUMENT # V51401

1. Entity Name
CPI USA, INC.

Principal Place of Business
**1023 S.W. 25TH AVE.
 MIAMI FL 33135**

Mailing Address
**1023 S.W. 25TH AVE.
 MIAMI FL 33135**

0001010J



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
291 SW 27 Ave.

3. Mailing Address
291 SW 27 Ave.

Suite, Apt. #, etc.
2nd Floor

Suite, Apt. #, etc.
2nd Floor

City & State
MIAMI, FLORIDA

City & State
MIAMI, FLORIDA

Zip
33135 Country
USA

Zip
33135 Country
USA

4. FEI Number **65-0345776**

Applied For
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**SANTOS-BUCH, KEVIN A.
 1023 S.W. 25TH AVE.
 MIAMI FL 33135**

7. Name and Address of New Registered Agent

Name **Olivier Caudron**
 Street Address (P.O. Box Number is Not Acceptable)
291 SW 27 Ave 2nd Floor
 City **Miami** FL Zip Code **33135**

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 **Olivier Caudron President** **APRIL 03/2001**
 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SANTOS-BUCH, KEVIN A. 1023 S.W. 25TH AVE. MIAMI FL	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CAUDRON, OLIVER 1023 SW 25TH AVE MIAMI FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Caudron, Olivier 291 SW 27 Ave 2nd Floor Miami FL 33135	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST SANTOS-BUCH, ISABELL 1023 SW 25 AVE MIAMI FL	<input checked="" type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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: **Olivier Caudron**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/03/2001 **305-644-0010**
 Date Daytime Phone #

CR2E034 (10/00)