

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 01, 2001 8:00 am**  
**Secretary of State**

05-01-2001 90084 044 \*\*\*150.00

**DOCUMENT # P95000028491**

1. Entity Name  
**C & C INTERNATIONAL COMPUTERS & CONSULTANTS, INC**

Principal Place of Business <b>7777 N. DAVIE ROAD EXTENSION          STE 100B          HOLLYWOOD FL 33024</b>	Mailing Address <b>8430 NW 7TH ST.          PEMBROKE PINES FL 33024</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>7777 N Davie Rd Ext          Suite, Apt. #, etc.          200B</b>	3. Mailing Address <b>3921 SW 106 Terrace          Suite, Apt. #, etc.</b>
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City & State <b>Hollywood FL 33024</b>	City & State <b>Davie FL</b>
Zip <b>33024</b>	Country <b>US</b>
Zip <b>33328</b>	Country <b>US</b>

4. FEI Number <b>65-0578613</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
**MEE, GLENN R  
 517 S.W. FIRST AVE.  
 FT. LAUDERDALE FL**

7. Name and Address of New Registered Agent  
 Name **Bernard Moyle**  
 Street Address (P.O. Box Number is Not Acceptable)  
**One Financial Plaza, Suite 1600  
 Benson, Moyle, & Mucci**  
 City **Ft. Lauderdale FL** Zip Code **33324**

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 **Bill James** *Bill James* **4/25/01**  
Signature, typed or printed name of registered agent and file if app. job c. (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) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P JAMES, WILLIAM 8430 N.W. 7TH ST. PEMBROKE PINES FL 33024</b>	<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	<b>Bill James 3921 SW 106 Terrace Davie FL 33328</b>	<input checked="" 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
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

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: **Bill James** *Bill James* **4/25/01** **954-450-0023**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day the Phone #

CR2E034 (10/00)