## 2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment

SIGNATURE:

an address, with all other like empowered

## Feb 02, 2000 8:00 am Secretary of State DOCUMENT # **P99000019679** C C T INTERIORS, INC. 02-02-2000 90041 005 \*\*\*158.75 Mailing Address Principal Place of Business 785 CRANDON BLVD.. #605 785 CRANDON BLVD.. #605 KEY BISCAYNE FL 33149-2534 1 KEY BISCAYNE FL 33149 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. ~ DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name ANGEL, AMPARO C Street Address (P.O. Box Number is Not Acceptable) 785 CRANDON BLVD., #605 **KEY BISCAYNE FL 33149** 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. (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW!! FEE IS \$150.00 9. This corporation is eligible to satisfy its intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1,1 12 11. PD ☐ Change dition ☐ Delete TITLE TITLE ANGEL, AMPARO C NAME NAME 785 CRANDON BLVD., #605 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **KEY BISCAYNE FL 33149** CITY-ST-ZIP Change Addition Ana Angel Toot ☐ Delete TITLE TITLE NAME NAME lvd. # 605 STREET ADDRESS STREET ADDRESS *3*3149 CITY-ST-ZIP CITY-ST-ZIP Addition Change ☐ Delete TITLE TITLE clayton Tootk NAME crandon Bird. #405 NAME STREET ADDRESS STREET ADDRESS 315cayne, FL33149 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 of 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 employeered.

**FILED**