

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S55648

1. Entity Name

C.C.T.A. II SERVICE, INC.

FILED

00 MAR -9 PM 3:39

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

1215 SE 17TH ST  
FT LAUDERDALE FL 33316  
US

3475 W FLAGLER ST  
MIAMI FL 33135-1025  
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

1215 SE 17 Street 6714 Pines Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

FT LAUDERDALE FL Pembroke Pines FL

4. FEI Number

65-0278305

Applied For

Not Applicable

Zip

Country

Zip

Country

33016 USA 33024 USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HOLBROOK, FRANCINE D  
1600 S BAYSHORE LANE  
SUITE #2B  
MIAMI FL 33133

Name MARIA SCHLAFKE

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

6714 Pines Blvd

City & State Zip Code  
Pembroke Pines FL 33024

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 *Sara Vinass* Vice President

1-17-00

(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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  Delete  
NAME DP  
STREET ADDRESS CRUZ, CLEMENTE  
CITY-ST-ZIP 1215 SE 17TH ST FT LAUDERDALE FL

TITLE  Change  Addition  
NAME 400003179184-7  
STREET ADDRESS -03/22/00-01017-009  
CITY-ST-ZIP \*\*\*\*150.00 \*\*\*\*150.00

TITLE  Delete  
NAME DVS  
STREET ADDRESS CRUZ, CLEMENTE E.  
CITY-ST-ZIP 1215 SE 17TH ST FT LAUDERDALE FL

TITLE  Change  Addition  
NAME Director  
STREET ADDRESS SECRETARY  
CITY-ST-ZIP

TITLE  Delete  
NAME DV  
STREET ADDRESS SCHLAFKE, MARIA D  
CITY-ST-ZIP 3475 W FLAGLER ST MIAMI FL 33135

TITLE  Change  Addition  
NAME Director  
STREET ADDRESS Vice President  
CITY-ST-ZIP

TITLE  Delete  
NAME DVT  
STREET ADDRESS VINAS, SARA  
CITY-ST-ZIP 3475 W FLAGLER ST MIAMI FL 33135

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

TITLE  Delete  
NAME DVP  
STREET ADDRESS HOLBROOK, FRANCINE  
CITY-ST-ZIP 1600 S BAYSHORE LANE #2B MIAMI FL

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME SP  
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: *Sara Vinass*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Sara Vinass* Vice President 1-17-00 954961-52221204

CR2E034 (9/99)