

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 26, 2001 8:00 am
Secretary of State

01-26-2001 90021 039 ***150.00

DOCUMENT # V47174

1. Entity Name
C & C ELECTRICAL CO., INC.

Principal Place of Business 1030 NW 200 TERRACE MIAMI FL 33169 US	Mailing Address P O BOX 4451 HOLLYWOOD FL 33083 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0348020**

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

**MYLAND, CYRIL
 1030 NW 200TH TERRACE
 MIAMI FL 33169**

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 _____ (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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
P	MYLAND, CYRIL 1030 NW 200 TERRACE MIAMI FL 33169		
VP	GRAY, PAULA 1030 NW 200 TERR MIAMI FL 33169		
Y	GRAY, WAYNE 5777 WASHINGTON ST M23 HOLLYWOOD FL 33023	TREASURER	
S	GRAY, FAITH 3033 W MISSIONWOOD CIR MIRAMAR FL 33025		3033 EAST MISSIONWOOD CIRCLE MIRAMAR FL 33025

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: *Paula A Gray*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-15-01
 Date

305 655-0972
 Daytime Phone #

CR2E034 (10/00)