


# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 13, 2003 8:00 am**  
**Secretary of State**

03-13-2003 90051 043 \*\*\*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**

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip



CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0348020**

Applied For  
 Not Applicable

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

**6. Name and Address of Current Registered Agent**

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

**7. Name and Address of New Registered Agent**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>MYLAND, CYRIL</b>	
STREET ADDRESS	<b>1030 NW 200 TERRACE</b>	
CITY-ST-ZIP	<b>MIAMI FL 33169</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> Delete
NAME	<b>GRAY, PAULA</b>	
STREET ADDRESS	<b>1030 NW 200 TERR</b>	
CITY-ST-ZIP	<b>MIAMI FL 33169</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>GRAY, WAYNE</b>	
STREET ADDRESS	<b>5777 WASHINGTON ST M23</b>	
CITY-ST-ZIP	<b>HOLLYWOOD FL 33023</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>GRAY, FAITH</b>	
STREET ADDRESS	<b>3033 W MISSIONWOOD CIR</b>	
CITY-ST-ZIP	<b>MIRAMAR FL 33025</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>GRAY, LINCOLN</b>	
STREET ADDRESS	<b>3033 EAST MISSIONWOOD CIRCLE</b>	
CITY-ST-ZIP	<b>MIRAMAR FL 33025</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MYLAND, PAULA</b>	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** Paula Myland **REQUIRED** 3/11/03 305 655-0972

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)