

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P01000016522 1. Entity Name C 2 GROUP, INC.																	
Principal Place of Business 10028 S.W. 16TH STREET PEMBROKE PINES, FL 33025		Mailing Address 10028 S.W. 16TH STREET PEMBROKE PINES, FL 33025															
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.															
City & State Zip Country		City & State Zip Country															
4. FEI Number 65-1076997		Applied For ☐ Not Applicable															
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required															
6. Name and Address of Current Registered Agent CORREA, DANIEL W 10028 S.W. 16TH STREET PEMBROKE PINES, FL 33025		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 _____ (NOTE: Registered Agent signature required when resigning) DATE _____																	
9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees		10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;"> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td style="width: 70%;"> ☐ Delete </td> </tr> <tr> <td> PSTD CORREA, DANIEL W 10028 S.W. 16TH STREET PEMBROKE PINES, FL 33025 </td> <td> ☐ Delete </td> </tr> <tr><td> </td><td>☐ Delete</td></tr> <tr><td> </td><td>☐ Delete</td></tr> <tr><td> </td><td>☐ Delete</td></tr> <tr><td> </td><td>☐ Delete</td></tr> <tr><td> </td><td>☐ Delete</td></tr> </table>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	PSTD CORREA, DANIEL W 10028 S.W. 16TH STREET PEMBROKE PINES, FL 33025	☐ Delete		☐ Delete		☐ Delete		☐ Delete		☐ Delete		☐ Delete
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;"> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td style="width: 70%;"> ☐ Change ☐ Addition </td> </tr> <tr><td> </td><td>☐ Change ☐ Addition</td></tr> <tr><td> </td><td>☐ Change ☐ Addition</td></tr> <tr><td> </td><td>☐ Change ☐ Addition</td></tr> <tr><td> </td><td>☐ Change ☐ Addition</td></tr> <tr><td> </td><td>☐ Change ☐ Addition</td></tr> </table>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		☐ Change ☐ Addition		☐ Change ☐ Addition		☐ Change ☐ Addition		☐ Change ☐ Addition		☐ Change ☐ Addition	CR2E034 (10/02)			
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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: _____ SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date: 4/30/03 Daytime Phone: 954-436-2294															

FILED
03 MAY -5 PM 3:39
TALLAHASSEE, FLORIDA

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05/15/03--01046--018 **158.75



☐ CHECK HERE IF MAKING CHANGES

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