

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 641170

1. Entity Name

CAPITAL CONTROL ASSOCIATES, CORP.

FILED
Apr 19, 2000 8:00 am
Secretary of State

04-19-2000 90044 045 ***150.00

Principal Place of Business

Mailing Address

13832 SW 15 ST
MIAMI FL 33144
US

13832 SW 15 ST
MIAMI FL 33184-2717
US

2. Principal Place of Business

3. Mailing Address

WESTLAND PROGRESS Bldg.

P.O. Box 65-2625

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1490 W. 49th PL Ste 508

City & State

City & State

HALEAH, FL

MIAMI, FL

Zip

Country

Zip

Country

33012

USA

33265-2625

DADE

4. FEI Number

65-0026064

Applied For

Not Applicable

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

HERNANDEZ, RUPERTO D.

13832 S.W. 15TH STREET 1300 S.W. 122nd Ave.
MIAMI FL 33184 Apt 107

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

Signature, typed or printed name of registered agent and title if applicable.

(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 P
NAME HERNANDEZ, RUPERTO D
STREET ADDRESS 13832 S.W. 15TH ST.
CITY-ST-ZIP MIAMI, FL 00000

TITLE
NAME
STREET ADDRESS 1300 S.W. 122nd AVE
CITY-ST-ZIP MIAMI, FL 33184

TITLE
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CITY-ST-ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/2000

305 6980908

Date

Daytime Phone #

CR2E034 (9/99)