

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 641170

1. Entity Name

CAPITAL CONTROL ASSOCIATES, CORP.

FILED
Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90059 045 ***150.00

Principal Place of Business

WESTLAND PROFESS. BLDG.
1490 W. 49TH PL -STE 508
HIALEAH FL 33012
US

Mailing Address

P O BOX 65-2625
MIAMI FL 33265-2625
US

2. Principal Place of Business

1000 PONCE DE LEON BLVD

Suite, Apt. #, etc.

112

City & State

CORAL GABLES, FL 33134

Zip

33134

Country

USA

3. Mailing Address

1000 PONCE DE LEON BLVD

Suite, Apt. #, etc.

112

City & State

CORAL GABLES, FL 33134

Zip

33134

Country

USA



DO NOT WRITE IN THIS SPACE

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

HERNANDEZ, RUPERTO D.
1300 SW 122ND AVE
APT. 107
MIAMI FL 33184

7. Name and Address of New Registered Agent

Name

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

City

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, 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

TITLE	P	☐ Delete
NAME	HERNANDEZ, RUPERTO D	
STREET ADDRESS	1300 SW 122ND AVE #107	
CITY- ST- ZIP	MIAMI FL 33184	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
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TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '01

TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	☐ Change ☐ Addition
NAME	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/2001 305 774 1913
Date Daytime Phone #

CR2E034 (10/00)