

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 21, 2001 8:00 am
Secretary of State

08-21-2001 90005 018 ***550.00

0031920 AV

DOCUMENT # F98000003014

1. Entity Name
CCS CONSOLIDATED, INC.

Principal Place of Business
210 N. UNIVERSITY DR., STE. 700
CORAL SPRINGS FL 33071

Mailing Address
210 N. UNIVERSITY DR., STE. 700
CORAL SPRINGS FL 33071

00061853



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

FLORIDA

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0824378

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

UNITED CORPORATE SERVICES, INC.
9200 SOUTH DADELAND BLVD.
SUITE 508
MIAMI FL 33156-0000

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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 **C** ☐ Delete
NAME **WAXMAN, ALBERT**
STREET ADDRESS **152 W. 57 ST 33 FL**
CITY-ST-ZIP **NY NY 10019**

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

TITLE **DP** ☐ Delete
NAME **DOLLARD, VIRGINIA M**
STREET ADDRESS **210 N. UNIVERSITY DR., STE. 700**
CITY-ST-ZIP **CORAL SPRINGS FL 33071**

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

TITLE **D** ☐ Delete
NAME **DAVIS, JORDAN S**
STREET ADDRESS **1 ROCKEFELLER PLAZA STE 920**
CITY-ST-ZIP **NY NY 10020**

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

TITLE **VS** ☐ Delete
NAME **BACHMAN, NANCY**
STREET ADDRESS **210 N. UNIVERSITY DR., STE. 700**
CITY-ST-ZIP **CORAL SPRINGS FL 33071**

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

TITLE **VT** ☒ Delete
NAME **GUTCHEWSKY, JUDITH**
STREET ADDRESS **210 N. UNIVERSITY DR., STE. 700**
CITY-ST-ZIP **CORAL SPRINGS FL 33071**

TITLE ☐ Change ☒ Addition
NAME **CFO**
STREET ADDRESS **ROBERT P. WYNN**
CITY-ST-ZIP **210 N University Dr. STE 700**
Coral Springs, FL 33071

TITLE **D** ☐ Delete
NAME **LABIN, DANIEL C**
STREET ADDRESS **1 ROCKEFELLER PLAZA STE 920**
CITY-ST-ZIP **NY NY 10020**

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: X

SIGNATURE REQUIRED

8/16/01

Date

Daytime Phone #

CFR2E034 (5/01)