

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H55895

1. Entity Name

C. C. M. CONSTRUCTION, INC.

**FILED**  
**Jan 20, 2000 8:00 am**  
**Secretary of State**

01-20-2000 90241 029 \*\*\*158.75

A0008322



DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address  
2301 W 76 STREET 2301 W 76 STREET  
HIALEAH FL 33016 HIALEAH FL 33016-1842

2. Principal Place of Business 3. Mailing Address  
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number 59-2534851 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

BRAVO, ILEANA  
13620 SW 17 CT  
MIRAMAR FL 33025

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	DP	<input type="checkbox"/> Delete
NAME	MORALES, EDUARDO	
STREET ADDRESS	1741 SW 136 WAY	
CITY-ST-ZIP	MIRAMAR FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	BRAVO, ILEANA	
STREET ADDRESS	13620 SW 17 CT	
CITY-ST-ZIP	MIRAMAR FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	MORALES, LAZARO	
STREET ADDRESS	13611 SW 17 CT	
CITY-ST-ZIP	MIRAMAR FL	
TITLE		<input type="checkbox"/> Delete
NAME		
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TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: Ileana Bravo ILEANA BRAVO 01/13/00 (305)823-0303  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)