

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 31, 2003 8:00 am
Secretary of State

03-31-2003 90142 019 ***150.00

DOCUMENT # **H82608**



1. Entity Name
CCA III, INC.

Principal Place of Business
**433 PLAZA REAL
335
BOCA RATON FL 33432
US**

Mailing Address
**433 PLAZA REAL
335
BOCA RATON FL 33432
US**



2. Principal Place of Business

3. Mailing Address

225 NE Mizner Blvd.

225 NE Mizner Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 200

Suite 200

City & State

City & State

Boca Raton, FL

Boca Raton, FL

Zip

Country

Zip

Country

33432

33432

4. FEI Number **22-2664442**

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WHITE & CASE
200 S BISCAYNE BLVD
MIAMI FL 33131**

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 _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PD	CROCKER, THOMAS J	433 PLAZA REAL STE 335	BOCA RATON FL	<input type="checkbox"/>
VAT	TOMIKO, JOHN L	433 PLAZA REAL STE 335	BOCA RATON FL	<input checked="" type="checkbox"/>
VTA	ONISKO, ROBERT E	433 PLAZA REAL STE 335	BOCA RATON FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
		225 NE Mizner Blvd., Suite 200	Boca Raton, FL 33432	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		225 NE Mizner Blvd., Suite 200	Boca Raton, FL 33432	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/25/03
Date

(SW) 395-9666
Daytime Phone #

CR2E034 (10/02)