

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J45683

1. Entity Name

C.B.C.N.C., INC.

FILED
Apr 25, 2001 8:00 am
Secretary of State

04-25-2001 90040 035 ***150.00

Principal Place of Business

~~100 SE 2ND ST~~
~~STE 2800~~
~~MIAMI FL 33131~~
~~US~~

Mailing Address

~~100 SE 2ND STREET~~
~~STE 2800~~
~~MIAMI FL 33131~~
~~US~~

2. Principal Place of Business

3250 Mary Street

Suite, Apt. #, etc.

303

City & State

Coconut Grove, FL 33133

Zip

Country

3. Mailing Address

3250 Mary Street

Suite, Apt. #, etc.

303

City & State

Coconut Grove, FL 33133

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2765745

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

TCHMES, ALEXANDER I
100 SE 2ND ST
STE 4650
MIAMI FL 33131

7. Name and Address of New Registered Agent

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, 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 NAME STREET ADDRESS CITY-ST-ZIP	PD COURSHON, CAROL B. 100 SE 2ND STREET STE 2800 MIAMI FL 33131	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD SIMON, NANETTE R. 100 SE 2ND STREET STE 2800 MIAMI FL 33131	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD COURSHON, ARTHUR H. 100 SE 2ND STREET STE 2800 MIAMI FL 33131	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	3250 Mary Street, #303 Coconut Grove, FL 33133	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	3250 Mary Street, #303 Coconut Grove, FL 33133	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

April 20, 01

Date

Daytime Phone #

CR2E034 (10/00)