

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K28357

1. Entity Name

C & A CONTRACTING, INC.

FILED

Mar 15, 2000 8:00 am  
Secretary of State

03-15-2000 90124 007 \*\*\*150.00

Principal Place of Business

Mailing Address

7860 PETERS RD.  
SUITE F-102  
PLANTATION FL 33324  
US

7860 PETERS RD.  
SUITE F-102  
PLANTATION FL 33314-4144  
US

AB330034



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

7200 GRIFFIN Rd  
Suite, Apt. #, etc.  
SUITE 3A

7200 GRIFFIN Rd  
Suite, Apt. #, etc.  
SUITE 3A

City & State  
DAVIE FL

City & State  
DAVIE FL

4. FEI Number 65-0070529

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

CAIRA, CRAIG  
13110 SW 14 PL  
DAVIE FL 33325

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 D  
NAME CAIRA, CRAIG  
STREET ADDRESS 13110 SW 14 PL  
CITY-ST-ZIP DAVIE FL ☐ Delete

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

TITLE D  
NAME ALBRECHT, KERRY F.  
STREET ADDRESS 11192 MELLOW CT  
CITY-ST-ZIP ROYAL PALM BCH FL ☒ Delete

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

TITLE ☐ Delete  
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

Date

Daytime Phone #

CRAIG M CAIRA 3-13-00 (954) 501-4700