

# 2001 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # L00000006471

1. Entity Name

C&C ENERGY, LLC

FILED

01 JAN 31 AM 10:08

Principal Place of Business

19470 NORTHWEST 8 STREET  
PEMBROKE PINES FL 33029

Mailing Address

19470 NORTHWEST 8 STREET  
PEMBROKE PINES FL 33029

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number

EIN 65-1011464

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name AURELIO A. PEDRA

Street Address (P.O. Box Number is Not Acceptable)

780 N.W. LeJeune Rd # 516

City MIAMI

FL

Zip Code 33126

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

1-24-01

FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS

TITLE NAME MGR  
STREET ADDRESS CRUZ, CLEMENTE J  
CITY-ST-ZIP 19470 NORTHWEST 8 STREET  
PEMBROKE PINES FL 33029 ☐ Delete

TITLE NAME MGR  
STREET ADDRESS CRUZ, TERESA  
CITY-ST-ZIP 19470 NORTHWEST 8 STREET  
PEMBROKE PINES FL 33029 ☐ Delete

TITLE NAME MGR  
STREET ADDRESS CRUZ, JACQUELINE  
CITY-ST-ZIP 19470 NORTHWEST 8 STREET  
PEMBROKE PINES FL 33029 ☐ Delete

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

10. ADDITIONS / CHANGES

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition  
200003656982--8  
-02/08/01--01012--012  
\*\*\*\*\*55.00 \*\*\*\*\*55.00

TITLE NAME  
STREET ADDRESS 1526 TAMARIND CT  
CITY-ST-ZIP WESTON, FL. 33327 ☒ Change ☐ Addition  
MGR  
NAME CLEMENTE E. CRUZ  
STREET ADDRESS 1526 TAMARIND CT  
CITY-ST-ZIP WESTON, FL. 33327 ☐ Change ☒ Addition

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

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

*Blair J. Cruz, MGR*

01/24/01

(954) 430-8124

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (11/00)