

FILED
May 28, 2002 8:00 am
Secretary of State

05-28-2002 91533 048 ****50.00

LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

SEQUENCE # L01000002959

C & C REAL ESTATE OF SOUTH BEACH, LLC

DO NOT WRITE IN THIS SPACE

Principal Business Office	J. SCHECHTMAN, CPA
DILIDO DR	9050 PINES BLVD
	Suite, Apt. #, etc.
	SUITE 205
City & State	
BEACH, FL	PEMBROKE PINES, FL
Country	
USA	USA
Zip	33024

DO NOT WRITE IN THIS SPACE

4. FEI Number **65-1080608** Applied For
 Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

7. Name and Address of Current Registered Agent

Name **ROBERTO CAAN**

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

830 W. DILIDO DRIVE

City **MIAMI BEACH** FL Zip Code **33139**

DO NOT WRITE IN THIS SPACE

I hereby certify that the information supplied in this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

Signature of registered agent and title if applicable.

DATE

FEE IS \$50.00
Make Check Payable to Department of State
DUE BY MAY 1

MANAGING MEMBERS/MANAGERS

ROBERTO CAAN
830 W, DILIDO DRIVE
MIAMI BEACH, FL 33139

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

CORRADO POZZOLI
20 ISLAND AVE APT 508
MIAMI BEACH, FL 33139

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

DO NOT WRITE IN THIS SPACE

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 CITY-ST-ZIP

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 collected 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:

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

ROBERTO CAAN
MANAGER

4/26/02 (305) 674-9154

Date

Daytime Phone

CR2E083B (12/01)