

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

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AF

00 APR 28 AM 9:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L96000000310

1. Entity Name
CNC, LC

Principal Place of Business 5355 TOWN CENTER ROAD SUITE 801 BOCA RATON FL 33486	Mailing Address 5355 TOWN CENTER ROAD SUITE 801 BOCA RATON FL 33486-1069
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 65-0675607	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent

ENGELHARD-SHELDON
5355 TOWN CENTER ROAD
SUITE 801
BOCA RATON FL 33486

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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

9. MANAGING MEMBERS/MEMBERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR MAIZES, ISSAC 5355 TOWN CENTER ROAD, SUITE 801 BOCA RATON FL 33486 ☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR ENGELHARD, SHELDON 5355 TOWN CENTER ROAD BOCA RATON FL 33486 ☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR PEDREIRA, JOSE 5355 TOWN CENTER ROAD BOCA RATON FL 33486 ☐ 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	500003249785--6 -05/11/00--01128--015 *****50.00 *****50.00 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ 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: Jose F. Pedreira Jose F. PEDREIRA 4/14/00 561-750-7
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date

CR2E083 (9/99)