

2001 UNIFORM BUSINESS REPORT (UBR)

0016124 AF

DOCUMENT # L96000000310

1. Entity Name
C.N.C., L.C.

FILED

01 APR 30 PM 6:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

5355 TOWN CENTER ROAD #801
BOCA RATON FL 33486

Mailing Address

5355 TOWN CENTER ROAD #801
BOCA RATON FL 33486

2. Principal Place of Business

9441 Harding Ave.
Suite, Apt. #, etc.

3. Mailing Address

P.O. Box #46916
Suite, Apt. #, etc.

City & State

Surfside Florida

Zip
33154

Country
USA

City & State

Surfside Florida

Zip
33154

Country
USA

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 #801
BOCA RATON FL 33486

7. Name and Address of New Registered Agent

Name
JOSE F. PEDREIRA
Street Address (P.O. Box Number is Not Acceptable)
9441 Harding Avenue
City
Surfside FL Zip Code
33154

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 Jose F. Pedreira, Jose F. PEDREIRA 4/23/01
Signature, typed or printed name of registered agent and title if applicable (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, ISAAC
5355 TOWN CENTER RD., STE 801
BOCA RATON FL 33486 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
PEDREIRA, JOSE
5355 TOWN CENTER ROAD #801
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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

10. ADDITIONS/CHANGES

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Secretary
JOSE PEDREIRA
9441 Harding Avenue
Surfside FL 33154 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
President
JAY FOX
880 Third Avenue
N.Y. N.Y. 10022 ☐ 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 4/23/01 305-867-6141
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)