

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2001 8:00 am
Secretary of State

05-19-2001 90273 033 ***150.00

DOCUMENT # M71281

1. Entity Name

C AND A CORPORATION

Principal Place of Business

Mailing Address

1048 KANE CONCOURSE
 STE 2B
 BAY HARBOR FL 33154
 US

1048 KANE CONCOURSE
 STE 2B
 BAY HARBOR FL 33154-2107
 US

2. Principal Place of Business

10220 SW 87 ST.

3. Mailing Address

10220 SW 87 ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami Florida

City & State

Miami Florida

4. FEI Number

59-2878652

Applied For

Not Applicable

Zip

33173

Country

USA

Zip

33173

Country

USA

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

BOHATCH, APRIL D
 1048 KANE CONCOURSE
 STE 2B
 BAY HARBOR FL 33154

Name: Bohatch, April D

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

10220 SW 87 ST.

City Miami

FL

Zip Code 33173

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

April Bohatch April Bohatch

4/2/01

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	DPS	<input type="checkbox"/> Delete
NAME	BOHATCH, APRIL D	
STREET ADDRESS	1048 KANE CONCOURSE	
CITY-ST-ZIP	BAY HARBOR FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	DPS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Bohatch, April D	
STREET ADDRESS	10220 SW 87 ST	
CITY-ST-ZIP	Miami FL 33173	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

April Bohatch
 April Bohatch

4/2/01

305-666-9249

CR2004 (5-99)