

# 2000 UNIFORM BUSINESS REPORT (UBR)

9/7/00-90039-019-\$70.00-\$70.00

DOCUMENT # N99000005665

1. Entity Name

CC FAMILY TRAINING SOLUTIONS INC.

R

Principal Place of Business

Mailing Address

3422 SKYSAIL PLACE  
TAMPA FL 33607

3422 SKYSAIL PLACE  
TAMPA FL 33607-5829

FILED

00 SEP 22 AM 10:53

SECRETARY OF STATE  
TALLAHASSEE FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

22122 Red Jacket Dr.

3. Mailing Address

23110 S.R. 54

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Land O' Lakes, FL

City & State

Lutz, FL

4. FEI Number

215-84-5247

Applied For

☐ Not Applicable

Zip

34639

Country

FL

Zip

33549

Country

FL

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

Name

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

City

FL

Zip Code

FRANCO, MARIA  
3422 SKYSAIL PLACE  
TAMPA FL 33607

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

*Maria Marquez*

9/1/00

Signature, typed or printed name of registered agent and title applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:  
FEE IS \$81.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

TITLE	Maria Franco-Marquez	<input type="checkbox"/> Delete
NAME	3422 Skysail Place	
STREET ADDRESS	Tampa, FL 33607	President
CITY-ST-ZIP		
TITLE	Wilfredo Marquez	<input type="checkbox"/> Delete
NAME	3422 Skysail Place	
STREET ADDRESS	Tampa, FL 33607	CFO
CITY-ST-ZIP		
TITLE	Vice President	<input type="checkbox"/> Delete
NAME	Norma Rodriguez	
STREET ADDRESS	22122 Red Jacket Lane	
CITY-ST-ZIP	Land O' Lakes, FL 34639	
TITLE	Maria Marquez, PHR	<input type="checkbox"/> Delete
NAME	22122 Red Jacket Lane	
STREET ADDRESS	Land O' Lakes 34639	(D)
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		

11.

TITLE	CFO	ADD (D)
NAME	Wilfredo Marquez	
STREET ADDRESS	22122 Red Jacket Lane	
CITY-ST-ZIP	Land O' Lakes, FL 34639	
TITLE	Norma Rodriguez	(D)
NAME	22122 Red Jacket Lane	
STREET ADDRESS	Land O' Lakes 34639	
CITY-ST-ZIP		
TITLE	V.P.	
NAME	same	change
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		

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Maria Marquez*

9/1/00

DATE

Daytime Phone

CR2E037 (9/99)