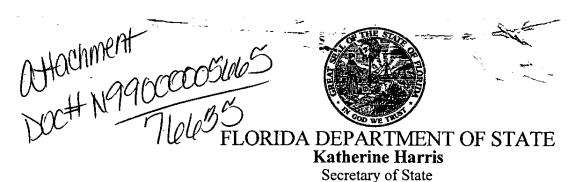
5/15/01-90047-0

2001 UNIFORM BUSINESS REPORT (UBR)

2001 UNIFORM BUSINESS REPORT (UBR)						Jul 19, 2001 8:00 am					
DOCUMENT # N9900005665						Secretary of State					
CC FAM	IILY TRAIN!	ig solutions in	NC.		(a)		05-15-2001	-			
Principal Place of Business			Mailing Address								
22122 RED JACKET LANE LAND O' LAKES FL 34639			23110 S.R. 54 SUITE 196 LUTZ FL 33549	(1 14111111	BIR (BYIR IBHI GRIH) GBIN GRIN G	PIU BBIBI SSST BING B	11 7 1 #114 1 74 4			
2. Principal Place of Business			3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.			DO NOT WRITE IN TI	HIS SPACE	} } }	;		
City & State			City & State		4. FEI Number	21-5845247		plied For Applicable			
Zip			Zip Country			of Status Desired	\$8.75 Addi Fee Required				
	5. Name an	d Address of Current F	Registered Agent	Name	7. Name and	Address of New Register	red Agent		1		
FRANCO,				Street A	ddysts 4P.O. Box Numbe	THUNCE	U. 14 L				
3422 SKYSAIL PLACE Tampa fl. 33607				6	0 7	1 50 100	-3//	196			
IAMPA FL	L 3300/			City	MAN de-C	- Taren	FL Zip Code	<u>657</u>			
8. The above	named entity su	bmits this statement for	the purpose of changing its	registered office o	r registered agent, or both		11				
SIGNATURE	Signature, typed or p	INCO ()	MUUDO nd tide if applicable. (NOTE	E: Registered Agent signat	ture required when reinstating)		7/1/0))			
	FILE NO		9. Election Campaign Trust Fund Contrib		\$5.00 May Be Added to Fees		ck Payable to ent of State	1			
10.		OFFICERS AND DIR	ECTORS	11.	ADDITIONS/CHA	NGES TO OFFICERS AN	D DIRECTORS IN	10	<u>.</u> .		
TITLE NAME	CFOD	MI EDEDO	☐ Defete	TITLE NAME			(Change	Addition	(10/00)		
STREET ADDRESS	EET ADDRESS 22122 RED JACKET LANE			STREET ADDRESS	WARGUE Z	inquez Wilfrudo)))		
CITY-ST-ZIP	LAND O'LA VPD	KES FL 34639	—	CITY-ST-ZIP		·			CR2E037		
NAME STREET ADDRESS	RODRIGUEZ	, norma Jacket lane	Delete	TITLE NAME STREET ADDRESS			☐ Change	Addition	წ.		
CITY-ST-ZIP		KES FL 34639		CITY-ST-ZIP							
TITLE	CEOD	MARIA	☐ Defete	TITLE		L	Change	Addition	1		
STREET ADDRESS	MARQUER,	Maria Jacket Lane		NAME STREET ADDRESS	MARGUEZ	MARIA			:		
CITY-ST-ZIP		KES FL 34839		CITY-SY-ZIP					'		
TITLE NAME	1		☐ Delete	TITLE		Wilfredo Marquez d Jacket Lane	nge	☐ Addition			
STREET ADDRESS	i i			NAME Street Adoress		akes, FL 34639					
CITY-ST-ZIP		المناء ميستورة	? <u>.</u>	CITY-ST-ZIP		5-71					
TITLE	Fig.	<u> </u>	☐ Detete	TITLE NAME	Michael	Janut	.nge	Addition			
STREET ADDRESS CITY-ST-2P			- ′	STREET ADORESS	22 122 29	Sachet	Lund	3 9	:		
TITLE			☐ Delete	TITLE		V-701-07 P	☐ Change	Addition	1		
NAME STREET ADDRESS				NAME PERCET ADAPTED			-	-,			
CITY-ST-ZIP				STREET ADDRESS CITY-ST-ZIP					:		
			this filing does not qualify for true and accurate and that re- wered to execute this report with all other like empowered								



May 23, 2001

CC FAMILY TRAINING SOLUTIONS INC. 23110 S.R. 54 SUITE 196 LUTZ, FL 33549

Subject: CC FAMILY TRAINING SOLUTIONS INC.

Reference N9900005665

Number:

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$61.25; however, the report has not been filed and a copy is being returned for the following correction(s):

Florida nonprofit corporations are required to have at least 3 directors or trustees. Please place the letter "D" or "T" beside the names and business addresses of each director or trustee.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 488-9000.

/da ANNUAL REPORTS SECTION