

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2001 8:00 am
Secretary of State

05-03-2001 90954 043 ***150.00

DOCUMENT # P00000027892

1. Entity Name

C & C MERCHANDISE, INCORPORATED

Principal Place of Business

Mailing Address

P.O. BOX 660742
 MIAMI SPRINGS FL 33266-0742

P.O. BOX 660742
 MIAMI SPRINGS FL 33266-0742



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

5959 N.W. 37th Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Apt. #132

City & State

City & State

VIRGINIA GARDENS, FL

Zip

Country

Zip

Country

33166

Miami-Dade

4. FEI Number

05-0992020

☒ Applied For

☐ Not Applicable

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

RIVERA, FRANCES

5959 N.W. 37TH ST., APT. #132

VIRGINIA GARDENS FL 33166

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

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, 2001 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 ☐ Delete
 NAME **P**
 STREET ADDRESS **RIVERA, FRANCES**
 CITY-ST-ZIP **5959 N.W. 37TH ST., #132**
VIRGINIA GARDENS FL 33166

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

TITLE ☐ Delete
 NAME **V**
 STREET ADDRESS **PEREZ, EUFEMIO JR.**
 CITY-ST-ZIP **5959 N.W. 37TH ST., #132**
VIRGINIA GARDENS FL 33166

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

TITLE ☐ Delete
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 CITY-ST-ZIP

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TITLE ☐ Change ☐ 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:

Frances Rivera **FRANCES RIVERA** April 5th 2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)