

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 14, 2002 8:00 am**  
**Secretary of State**

05-14-2002 90038 042 \*\*\*150.00

**DOCUMENT # P00000027892**

**1. Entity Name**  
**C & C MERCHANDISE, INCORPORATED**

**Principal Place of Business**  
**5959 NW 37TH STREET**  
**APT # 132**  
**VIRGINIA GARDENS FL 33166**

**Mailing Address**  
**P.O. BOX 660742**  
**MIAMI SPRINGS FL 33266-0742**



DO NOT WRITE IN THIS SPACE

**2. Principal Place of Business**  
**12760 N.W. 102 PLACE**  
 Suite, Apt. #, etc.

**3. Mailing Address**  
 Suite, Apt. #, etc.

**City & State**  
**Hialeah Gardens, Florida**  
**Zip**  
**33018**  
**Country**  
**Miami-Dade**

**City & State**

**4. FEI Number** **65-0992026**

**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)**

**12760 N.W. 102 PLACE**

**City**  
**Hialeah Gardens,**

**FL**

**Zip Code**  
**33018**

**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** *Frances Rivera, President* **FRANCES RIVERA** **2/25/02**  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's 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, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

**10. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**  
 Trust Fund Contribution.

**11. OFFICERS AND DIRECTORS**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

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

**TITLE** **T, S** ☒ Change ☒ Addition  
**NAME**  
**STREET ADDRESS** **12760 N.W. 102 PLACE**  
**CITY-ST-ZIP** **Hialeah Gardens, Florida 33018**

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

**TITLE** ☒ Change ☐ Addition  
**NAME**  
**STREET ADDRESS** **12760 N.W. 102 PLACE**  
**CITY-ST-ZIP** **Hialeah Gardens, Florida 33018**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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

**TITLE** ☐ Delete  
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**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** **2/25/02** **305-837-6622**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **DATE** **Daytime Phone #**

CR2E034 (9/01)