

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000036220

1. Entity Name

TRIPLE C PROPERTIES, INC.

FILED

Jan 30, 2001 8:00 am
Secretary of State

01-30-2001 90177 006 ***150.00

Principal Place of Business

Mailing Address

~~C/O JORGE SANCHEZ GALARRAGA~~
~~1313 PONCE DE LEON BLVD STE 301~~
~~CORAL GABLES FL 33134~~

~~C/O JORGE SANCHEZ GALARRAGA~~
~~1313 PONCE DE LEON BLVD STE 301~~
~~CORAL GABLES FL 33134~~

00010645



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

7526 W. 34th CT.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
HIALEAH, FLORIDA

4. FEI Number

65-1000167

Applied For

Not Applicable

-Zip-

Country

Zip **33018**
33138

Country

U.S.A.

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

~~SANCHEZ GALARRAGA, JORGE~~
~~C/O JORGE SANCHEZ GALARRAGA~~
~~1313 PONCE DE LEON BLVD STE 301~~
~~CORAL GABLES FL 33134~~

Name

CARLOS CARCAS

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

7526 W. 34th CT

City

HIALEAH

FL

Zip Code **33018**
33138

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) **XX**

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 NAME STREET ADDRESS CITY-ST-ZIP	D SANCHEZ GALARRAGA, JORGE 1313 PONCE DE LEON BLVD STE 301 CORAL GABLES FL 33134 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CARCAS, CARLOS 7526 W. 34th CT HIALEAH, FLORIDA <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CARCAS, MYRIAM 7526 W. 34th CT HIALEAH, FLORIDA <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CP2E034 (10/00)