

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90173 034 ***150.00

DOCUMENT # P00000036220

1. Entity Name

TRIPLE C PROPERTIES, INC.

DO NOT WRITE IN THIS SPACE

11009717

2. Principal Place of Business

7526 W. 34TH CT

Suite, Apt. #, etc.

3. Mailing Address

7526 W. 34TH CT

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

HIALEAH FL

City & State

HIALEAH FL

4. FEI Number

65-1000167

Applied For

Not Applicable

Zip

Country

33018

USA

Zip

Country

33018

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name

CARLOS CARCAS

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

7526 W. 34TH CT

City

HIALEAH

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

P
CARLOS CARCAS
7526 W. 34TH CT
HIALEAH, FL 33018

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

S
MYRIAM CARCAS
7526 W. 34TH CT
HIALEAH, FL 33018

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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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 607, Florida Statutes; and that my name appears in Block 10 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 #