

2001 UNIFORM BUSINESS REPORT (UBR)

4/4

FILED
Apr 25, 2001 8:00 am
Secretary of State

04-04-2001 90239 020 ***150.00

DOCUMENT # P00000078070

1. Entity Name

CCM PARTICIPATIONS, INC.

Principal Place of Business

**C/O JOSE MARIA CARNEIRO DA CUNHA
1900 SW 3RD AVENUE
MIAMI FL 33129**

Mailing Address

**C/O JOSE MARIA CARNEIRO DA CUNHA
~~1900 SW 3RD AVENUE~~
~~MIAMI FL 33129~~**

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

**1643 Brickell Ave.
Suite, Apt. #, etc.
3205**

City & State

**City & State
Miami, FL**

4. FEI Number

65-1033475

Applied For

Not Applicable

Zip

Country

Zip

Country

33129

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**DA CUNHA, JOSE MARIA C
1900 SW 3RD AVENUE
MIAMI FL 33129**

7. Name and Address of New Registered Agent

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

JOSE MARIA CARNEIRO DA CUNHA

(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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD DA CUNHA, JOSE MARIA C 1900 SW 3RD AVENUE MIAMI FL 33129	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD MARQUES, RUBENS MURILLO 1643 BRICKELL AVENUE SUITE 4105 MIAMI FL 33129	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

JOSE MARIA CARNEIRO DA CUNHA

Date

Daytime Phone #

04/02/01 305/3734991

CR20034 (10/00)