

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000086316

1. Entity Name

C & C MANAGEMENT ENTERPRISES, INC.

**FILED**  
**Jan 31, 2001 8:00 am**  
**Secretary of State**

01-31-2001 90061 039 \*\*\*150.00

Principal Place of Business

~~2325 119TH ST. NORTH~~  
~~LARGO FL 33778~~

Mailing Address

~~2325 119TH ST. NORTH~~  
~~LARGO FL 33778~~

Principal Place of Business

13295 119TH ST N

Mailing Address

13295 119TH ST N

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Largo, Florida

City & State

Largo, Florida

4. FEI-Number

59-3691384

Applied For

Not Applicable

Zip

33778-1418

Country

FLORIDA

Zip

33778-1418

Country

FLORIDA

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

Name

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

City

FL

Zip Code

CHEAIB, HISHAM  
1596 MICHIGAN AVE.  
DUNEDIN FL 34698

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 NAME STREET ADDRESS CITY-ST-ZIP  
Pres Mike Cheaib 1596 Michigan Blvd Dunedin, Fl 34698 ☐ Delete

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

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

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TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ 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: *Mike Cheaib*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-20-01

Date

727-469-8392

Daytime Phone #

CR2E034 (10/00)