DOCUMENT # P01000026961 1. Endly Name C & C HOLDINGS, INC. 0.2 DEC 23 AM 8: 50 0.3 DEC 23 AM 8: 50 0.4 DEC 23 AM 8: 50 0.5 SATE FILLUDERDALE FL 33009 FOR A Sate	2002 UNIFORM BUSINESS REPORT (UBR)						
C & C HOLDINGS, INC. D DEC 23 AM 6:50 Principal Place of Business SSIO NW, 390 WE, STE 20 SSIO NW, 390 WE, STE 20 FI, LUDGEROALE PL 3009 Principal Place of Business STILL SUD STATE INJURIENT PL 3009 Principal Place of Business STILL SUD STATE INJURIENT PL 3009 Principal Place of Business STILL SUD STATE INJURIENT PL 3009 Principal Place of Business STILL SUD STATE INJURIENT PL 3009 Principal Place of Business STILL SUD STATE INJURIENT PL 3009 Principal Place of Business STILL SUD STATE INJURIENT PL 3009 Principal Place of Business STILL SUD STATE INJURIENT PL 3009 Principal Place of Business STILL SUD STATE INJURIENT PL 3009 Principal Place of Business STILL SUD STATE INJURIENT PL 3009 Principal Place of Business STILL SUD STATE INJURIENT PL 3009 Principal Place of Business STILL SUD STATE INJURIENT PL 3009 Principal Place of Business STATE INJURIENT INJURIENT PL 3009 Principal Place of Business STATE INJURIENT INJU	DOCUMENT # P01000026961					FILED	
\$2. Principal Prace of Business \$5.711 SW 24 Ave Suite, Apt. 4, etc. \$1. Name and Address of Current Registered Agent Con 8. Stato For Louder For Suite Agent For the purpose of changing its registered depart in the decision of the contribution in the State of Phonos. I am hardlar with a managilar for the purpose of changing its registered depart in the decision of the contribution in the State of Phonos. I am hardlar with a managilar for the purpose of changing its registered depart in the purpose of changing its registered depart in the decision of the contribution in the State of Phonos. I am hardlar with a managilar for the purpose of changing its registered depart in the purpose of changing its registered depart in the state of Phonos. I am hardlar with a managilar for the purpose of changing its registered depart in the state of Phonos. I am hardlar with an according to the collegators of registered and elected to do and and elected to do and the collegators of the collegators of the collegators of sections and elected to do and and elected to another than elected and elected to another than electe		_				02 DEC 23 AM 8: 50	
Suite, Act #, etc: Suite,	5300 N.W. 33RD AVE., STE. 220		5300 N.W. 33RD AVE., STE. 220			SECHELLIN OF STATE TAILLAHARREE ELORIDA	
Port Loud, FL Port Loud FL South Status Desired St. Application St. Appl	5711 SW 24 Ave		57.11 Sw 24 Ave		و این	DO NOT WRITE IN THIS SPACE—	
CANTON, ALLAN Soon N.W. 33RD AVE., STE. 220 FT. LAUDERDALE FI. 33309 The above named entity submuts this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. Tam familian wan, and accept the obligations of registered spent, or both, in the State of Florida. Tam familian wan, and accept the obligations of registered spent, or both, in the State of Florida. Tam familian wan, and accept the obligations of registered spent, or both, in the State of Florida. Tam familian wan, and accept the obligations of registered spent, or both, in the State of Florida. Tam familian wan, and accept the obligations of registered spent, or both, in the State of Florida. Tam familian wan, and accept the obligations of registered spent, or both, in the State of Florida. Tam familian wan, and accept the obligations of registered spent, or both, in the State of Florida. Tam familian wan, and accept the obligations of registered agent, or both, in the State of Florida. Tam familian wan, and accept the obligations of registered agent, or both, in the State of Florida. Tam familian wan, and accept the obligations of registered agent, or both, in the State of Florida. Tam familian wan, and accept the obligations of registered agent, or both, in the State of Florida. Tam familian wan, and accept the obligations of registered agent, or both, in the State of Florida. Tam familian wan, and accept the obligations of registered agent, or both, in the State of Florida. Tam familian wan, and accept the obligations of registered agent, or both, in the State of Florida. Tam familian wan, and accept the obligation of registered agent, or both, in the State of Florida. Tam familian wan, and accept the obligation of registered agent, or both, in the State of Florida. Tam familian wan, and accept the obligation of registered agent, or both, in the State of Florida. Tam familian wan, and accept the obligation of registered agent, or both, in the State of Florida. Tam familian wan, and acce	Fuc	t Laud, FL	FortLa			65-1069039 Not Applicable	
Sano N.W. 39RD AVE, STE. 220 Sincert Address (P.O. Box Number is Not. Acceptable)	3333 3333	312	33312	Country		Fee Required	
5300 N.W. 33RD AVE., STE. 220 FT. LAUDERDALE FL 33309 Step 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 registeried spent. SIGNATURE Signature Spent or printed remot disparate agent of 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 remote of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of remote of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of remote of promote many and accept the obligations of remote of promote many and accept the obligations of remote of spent or printed when remaining to the state of Florida. I am familiar with, and accept the obligations of remote of printed with, and accept the obligations of remote of spent or printed when remaining the printed contribution. SIGNATURE SIGNAT	6. Name and Address of Current Registered Agent			Name		Table and Address of New Yoghtones Agent	
ET. LAUDERDALE FL 33309 E. 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 registerize digent. SIGNATURE Signature, kneed to primary from a registerial. SIGNATURE Signature registerial defends a primary from a registerial. SIGNATURE Signature registerial defends a primary from a registerial. SIGNATURE Signature registerial defends a primary from a registerial. SIGNATURE Signature registerial defends a primary from a registerial. SIGNATURE Signature registerial defends a primary from a registerial. SIGNATURE Signature registerial defends a primary from a registerial. SIGNATURE Signature registerial defends a primary from a registerial. SIGNATURE Signature registerial defends a primary from a registerial. SIGNATURE Signature registerial defends a primary from a registerial. SIGNATURE Signature registerial defends a primary from a registerial. SIGNATURE Signature registerial defends a primary from a reg	CANTON, ALLAN				ddress (P.O. E	Box Number is Not Acceptable)	
City Fort Lauderdale FL 23Cdde 312 2 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of replayered of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of replayered of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of replayered of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of replayered of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of replayered of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of replayered of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of replayered of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of replayered of change of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of replayered of change of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the familiar with accept agent					111 S	w 24 Avenue	
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered year. SIGNATURE 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) 11. OFFICERS AND DIRECTORS 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE NAME STREET ADDRESS CITY-ST-ZIP T				City			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) After September 13, 2002 Fee will be \$750.00 (See criteria on back) After September 13, 2002 Fee will be \$750.00 (See criteria on back) Department of State Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE NAME CAPO, AIDA STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete Delete Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete De	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.						
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE D CAPO, AIDA STREET ADDRESS SOU N.W. 33RD AVE., STE. 220 FT. LAUDERDALE FL 33309 TITLE CAPO, AIDA STREET ADDRESS CITY-ST-ZIP TITLE D D Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-Z	Tax filing r	oration is eligible to satisfy its Intangible equirement and elects to do so.	FILE NOW! After September 13	FILE NOW!!! FEE IS \$550.00 After September 13, 2002 Fee will be \$750		10. Election Campaign Financing \$5.00 May Be	
NAME STREET ADDRESS CITY-ST-ZIP TITLE CAPO, AIDA S300 N.W. 33RD AVE., STE. 220 FT. LAUDERDALE FL 33309 CAPO, AIDA STREET ADDRESS CITY-ST-ZIP TITLE CAPO, AIDA STREET ADDRESS CITY-ST-ZIP TITLE CAPO, AIDA SAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-	11. OFFICERS AND D		DIRECTORS	CTORS 12.			
STREET ADDRESS CITY-ST-ZIP TITLE DAME CAPO, AIDA STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP ADDRESS CITY-ST-ZIP ADDRESS CITY-ST-ZIP ADDRESS CITY-ST-ZIP ADDRESS ADDRESS CITY-ST-ZIP ADDRESS AD			☐ Delete			• • • •	
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE T	STREET ADDRESS	5300 N.W. 33RD AVE., STE. 220		STREET ADDRESS	5711 S	sus 24 Avenue + Landerdale FL 33312	
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	TITLE	D	☐ Delete		, ,,	Change Addition	
NAME STREET ADDRESS		5300 N.W. 33RD AVE., STE. 220			5711 For!	Lauderdale FL 33312	
STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete Delete TITLE Delete Delete TITLE Delete Dele			☐ Delete			; Change Addition	
TITLE				STREET ADDRESS		. Oceans these	
NAME			□ Dolete	-	-		
CITY-ST-ZIP CITY-ST-ZIP 12/23/02-01045-017 **200.00 TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP	i		L Delete				
NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP						12/23/0201045017 **200.00	
STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP			☐ Delete			☐ Change ☐ Addition	
Change Addition	STREET ADDRESS			STREET ADDRESS			
			☐ Delate			☐ 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.

NAME

STREET ADDRESS'

CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

954)965.2513