

# 2002 UNIFORM BUSINESS REPORT (UBR)

0068317 AV

DOCUMENT # P01000026961

1. Entity Name  
C & C HOLDINGS, INC.

FILED

02 DEC 23 AM 8:50

Principal Place of Business  
5300 N.W. 33RD AVE., STE. 220  
FT. LAUDERDALE FL 33309

Mailing Address  
5300 N.W. 33RD AVE., STE. 220  
FT. LAUDERDALE FL 33309

SECTION OF STATE  
TALLAHASSEE FLORIDA



REINSTATEMENT 02  
DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
5711 SW 24 Ave  
Suite, Apt. #, etc.

3. Mailing Address  
5711 SW 24 Ave  
Suite, Apt. #, etc.

City & State  
Fort Laud, FL  
Zip  
33312

City & State  
Fort Laud, FL  
Zip  
33312

4. FEI Number  
65-1069039  
Applied For  
Not Applicable  
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

## 6. Name and Address of Current Registered Agent

CANTON, ALLAN  
5300 N.W. 33RD AVE., STE. 220  
FT. LAUDERDALE FL 33309

## 7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
5711 SW 24 Avenue  
City Fort Lauderdale FL Zip Code 33312

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 *X Aida R Capo*  
Signature, typed or printed name of registered agent 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 \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**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  
PVTS  
CAPO, AIDA  
5300 N.W. 33RD AVE., STE. 220  
FT. LAUDERDALE FL 33309 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
CAPO, AIDA  
5300 N.W. 33RD AVE., STE. 220  
FT. LAUDERDALE FL 33309 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
5711 SW 24 Avenue  
Fort Lauderdale, FL 33312 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
5711 SW 24 Avenue  
Fort Lauderdale, FL 33312 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
000008517660  
10/22/02--01070--007 ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
000008517660  
12/23/02--01045--017 ☐ Change ☐ Addition

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

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: *X Aida R Capo*

(954) 965-2513

CR2E034 (4/02)