

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90141 049 ***150.00

DOCUMENT # P02000006720

1. Entity Name
CCB BRONZE, INC.



Principal Place of Business
1152 SW 8 STREET SUITE A
MIAMI FL 33130

Mailing Address
1152 SW 8 STREET SUITE A
MIAMI FL 33130

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

30-0028095

Applied For

Not Applicable

Zip

Country

Zip

Country

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

LASPRILLA, FRANCISCO J
1152 SW 8 STREET SUITE A
MIAMI FL 33130

Name **Barrera, Juan Miguel**
Street Address (P.O. Box Number is Not Acceptable)
1152 SW 8 Street, Suite A
City **Miami** FL Zip Code **33130**

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 **Juan M. Barrera**

4/30/03
DATE

FILE NOW!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☒ Delete
NAME **LASPRILLA, FRANCISCO**
STREET ADDRESS **9357 FONTAINEBLEAU BLVD #D303**
CITY-ST-ZIP **MIAMI FL 33172**

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

TITLE **VD** ☐ Delete
NAME **BARRERA, JUAN MIGUEL**
STREET ADDRESS **2501 BRICKELL AVENUE**
CITY-ST-ZIP **MIAMI FL 33129**

TITLE **PD** ☒ Change ☐ Addition
NAME **Same**
STREET ADDRESS **Same**
CITY-ST-ZIP **Same**

TITLE **SD** ☐ Delete
NAME **BARRERA, PAOLA**
STREET ADDRESS **2501 BRICKELL AVENUE**
CITY-ST-ZIP **MIAMI FL 33129**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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

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 supplement 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Juan M. Barrera
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/30/03 305-854-6255

CR2E034 (10/02)