

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000029775

1. Entity Name  
C.C.I., INC.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 SEP 28 PM 3:50

Principal Place of Business

4301 WEST VINE ST  
A45  
KISSIMMEE FL 34746  
US

Mailing Address

608 WEST VINE ST  
STE 2  
KISSIMMEE FL 34741  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-3180488

Applied For

Not Applicable

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

ELGHABER, DAU  
1919 REDFIED LANE  
ORLANDO FL 32837

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 *[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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P  
NAME ELGHABER, DAU  
STREET ADDRESS 4301 WEST VINE ST  
CITY-ST-ZIP KISSIMMEE FL ☐ Delete

TITLE  
NAME  
STREET ADDRESS 000003441860--8  
CITY-ST-ZIP -10/27/00--01024--014  
\*\*\*\*150.00 \*\*\*\*150.00 ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

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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:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/00)

**CCI Inc**

608 West Vine St.  
Ste 2  
Kissimmee, FL 34741


September 26, 2000

Division of Corporations  
Uniform Business Report Filings  
P.O. Box 1500  
Tallahassee, FL 32302-1500

Dear Sir or Madam:

Payment for UBR was sent on April 15, 2000. Unfortunately the payment was not received. I am enclosing another check for payment to clear this matter.

Sincerely,

A handwritten signature in cursive script, appearing to read "Dau Elghaber".

Dau Elghaber  
CCI Inc.