

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 23, 2001 8:00 am**  
**Secretary of State**  
 05-23-2001 90691 044 \*\*\*150.00

**DOCUMENT #** P93000056990

**1. Entity Name**  
 C.C.E.R., INC.

**Principal Place of Business** **Mailing Address**

**2. Principal Place of Business** **3. Mailing Address**

2237 N. Commerce Parkway 2237 N. Commerce Parkway

Suite, Apt. #, etc. Suite, Apt. #, etc.

Suite #3 Suite #3

City & State City & State

Weston, Florida Weston, Florida

Zip Country Zip Country

33326 US 33326 US

553508

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**

MANELLA, ROSS  
 2237 COMMERCE PARKWAY  
 SUITE #3  
 WESTON, FLORIDA 33326

**4. FEI Number** **Applied For**

65-0482528 Not Applicable

**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

**7. Name and Address of New Registered Agent**

Name  
 MANELLA, ROSS H. ESQ.  
 Street Address (P.O. Box Number is Not Acceptable)  
 2237 N. Commerce Parkway  
 Suite #3  
 City FL Zip Code  
 Weston, 33326

**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** ROSS MANELLA **DATE**

(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

**9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.** ☐ **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** ☐ **\$5.00 May Be Added to Fees**  
 Trust Fund Contribution.

**11. OFFICERS AND DIRECTORS**

TITLE	PSTD	<input type="checkbox"/> Delete
NAME	JOURDAN, PIERRE	
STREET ADDRESS	5415 PAPINEAU STREET	
CITY-ST-ZIP	MONREAL, QUEBEC CANADA	<input type="checkbox"/> Delete
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**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 no 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:** P. Jourdan **Pierre Jourdan** **4/26/01** **954-385-3637**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)