

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 14, 2003 8:00 am**  
**Secretary of State**

04-14-2003 90415 023 \*\*\*150.00

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**DOCUMENT # P93000073929**

1. Entity Name

**CCC-COMMAND CONSULTING CORPORATION**



Principal Place of Business

**282 SOUTH COUNTY RD  
#213  
NORTH PALM BEACH FL 33408**

Mailing Address

**675 THIRD AVE  
3RD FLOOR  
NEW YORK NY 10017**

2. Principal Place of Business

3. Mailing Address

**c/o Prager & Fenton**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**675 Third Ave - 3rd Floor**

City & State

City & State

**New York NY**

Zip

Country

Zip

Country

**10017**

**USA**

4. FEI Number

**65-0440800**

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

**SLAVIN, MICHAEL A**

**4440 PGA BLVD**

**SUITE 402**

**PALM BEACH GARDENS FL 33410**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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 : **P** ☐ Delete  
NAME : **DURR, NICOLE**  
STREET ADDRESS : **675 THIRD AVE 3RD FLOOR**  
CITY - ST - ZIP : **NEW YORK NY 10017**

TITLE : **P** ☒ Change ☐ Addition  
NAME : **Durr, Nicole**  
STREET ADDRESS : **c/o Prager & Fenton 675 Third Ave**  
CITY - ST - ZIP : **New York NY 10017**

TITLE : **ST** ☒ Delete  
NAME : **BIELSKI, KAREN**  
STREET ADDRESS : **292 SOUTH COUNTY RD SUITE 213**  
CITY - ST - ZIP : **PALM BEACH FL 33480**

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

TITLE : ☐ Delete  
NAME : ☐ Delete  
STREET ADDRESS : ☐ Delete  
CITY - ST - ZIP : ☐ Delete

TITLE : **S** ☐ Change ☒ Addition  
NAME : **Margaret Baroncelli**  
STREET ADDRESS : **70 Innisbrook Ave**  
CITY - ST - ZIP : **Las Vegas NV 89113**

TITLE : ☐ Delete  
NAME : ☐ Delete  
STREET ADDRESS : ☐ Delete  
CITY - ST - ZIP : ☐ Delete

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CITY - ST - ZIP : ☐ Change ☐ Addition

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

**SIGNATURE:**

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/8/03**

Date

Daytime Phone #

CR2E034 (10/02)