

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2002 8:00 am
Secretary of State

04-07-2002 90044 029 ***150.00

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DOCUMENT # P95000005223

1. Entity Name
C&C PRINTING, INC.

Principal Place of Business

**4714 N. THATCHER AVE
TAMPA FL 33615**

Mailing Address

**4714 N. THATCHER AVE
TAMPA FL 33615**

2. Principal Place of Business

4710 Eisen Hower Blvd.

Suite/Apt. #, etc.

E-1

City & State

Tampa

Zip

FL

Country

FLORIDA

3. Mailing Address

4710 Eisenhower Blvd.

Suite/Apt. #, etc.

E-1

City & State

Tampa FL

Zip

33634

Country

USA

4. FEI Number

59-3294910

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

CABRERA, ELENA

19345 GARDEN QUILT CIRCLE

LUTZ FL 33549

7. Name and Address of New Registered Agent

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, 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 \$150.00
After May 1, 2002 Fee will be \$550.00
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	D	<input type="checkbox"/> Delete
STREET ADDRESS	CABRERA, ELENA	
CITY-ST-ZIP	19345 GARDEN QUILT CIRCLE LUTZ FL 33549	
TITLE NAME	VP	<input type="checkbox"/> Delete
STREET ADDRESS	CABRERA, RAUL; W.	
CITY-ST-ZIP	19345 GARDEN QUILT CIRCLE LUTZ FL 33549	
TITLE NAME		<input type="checkbox"/> Delete
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TITLE NAME		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

Elena Cabrera

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/20/02 (813) 881-1577

Date

Daytime Phone #

CR2E034 (9/01)