## **2001 UNIFORM BUSINESS REPORT (UBR)**

## Apr 25, 2001 8:00 am Secretary of State DOCUMENT # P95000033509 1. Entity Name C & B GROUP, INC. 04-25-2001 90081 034 \*\*\*150.00 Mailing Address Principal Place of Business 3431 TORREMOLINOS AVE 3431 TORREMOLINOS AVE MIAMI FL 33178 MIAMI FL 33178 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 62-1604096 Not Applicable. \$8.75 Additional Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MARIA BERNADETTE ·PATEL, CHRIS Street Address (P.O. Box Number is Not Acceptable) 3431, TORR EMOUNOS 3431 TORREMOLINOS AVE **MIAMI FL 33178** Z<u>ip</u> Code 8. The above named entity submits this pagement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. MARIA BERNADETTE RIOS CAVAL ed agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition Change PATEL TITLE HASMUKH ☐ Delete TITLE PD 3431 TORREMOLINOS AVE NAME NAME PATEL, CHRIS STREET ADDRESS STREET ADDRESS 3431 TORREMOLINOS AVE MIAMI, FL 33178 CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33178** Addition Delete TITLE TITLE MARIA BERNADETTE RIOS CAVALI NAME NAME 3431 TORREMOUNDS AVE STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP MIAMI , FL 33178 ☐ Addition Change TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE □ Detete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition [7] Channe TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS City-St-7iP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAMÉ STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

MARIA GERNADETTE RIOS CAVALINI

YPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR