

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000050698

1. Entity Name

CC CYPRESS, INC.

**FILED**  
**May 01, 2000 8:00 am**  
**Secretary of State**

05-01-2000 90455 007 \*\*\*150.00

Principal Place of Business  
 115 NW 167TH ST  
 STE 300  
 NORTH MIAMI BEACH FL 33169  
 US

Mailing Address  
 115 NW 167TH ST  
 STE 300  
 NORTH MIAMI BEACH FL 33169-6001  
 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 65-0590607

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

BEHAR, SABY  
 115 NW 167TH ST  
 STE 300  
 NORTH MIAMI BEACH FL 33169

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DVT  
 NAME KASSIN, ROBERTO  
 STREET ADDRESS 115 NW 167TH ST STE 300  
 CITY-ST-ZIP NORTH MIAMI BEACH FL 33169 ☐ Delete

TITLE DV  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☒ Change ☐ Addition

TITLE DP  
 NAME BEHAR, SABY  
 STREET ADDRESS 115 NW 167TH ST STE 300  
 CITY-ST-ZIP NORTH MIAMI BEACH FL 33169 ☐ Delete

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

TITLE DVS  
 NAME TRACY, GRANVIL  
 STREET ADDRESS 115 NW 167TH ST STE 300  
 CITY-ST-ZIP NORTH MIAMI BEACH FL 33169 ☐ Delete

TITLE DVST  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☒ Change ☐ Addition

TITLE DV  
 NAME JARVIS, BRUCE  
 STREET ADDRESS 115 NW 167TH ST STE 300  
 CITY-ST-ZIP NORTH MIAMI BEACH FL 33169 ☐ Delete

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)