

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90400 020 ***150.00

DOCUMENT # P95000050698

1. Entity Name

CC CYPRESS, INC.



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
US

2. Principal Place of Business

3. Mailing Address

Suite, One SE 3rd Avenue
Suite 3100
City & Miami, FL 33131

Suite One SE 3rd Avenue
Suite 3100
City Miami, FL 33131

Zip

Zip

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, SABA

115 NW 167TH ST

STE 300

NORTH MIAMI BEACH FL 33169

Name

Street

(Acceptable)

One SE 3rd Avenue
Suite 3100

City

Miami, FL 33131

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, 2004 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. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DP	<input type="checkbox"/> Delete
NAME	BEHAR, SABA	
STREET ADDRESS	115 NW 167TH ST STE 300	
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33169	
TITLE	DVST	<input type="checkbox"/> Delete
NAME	TRACY, GRANVIL	
STREET ADDRESS	115 NW 167TH ST STE 300	
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33169	
TITLE	DV	<input type="checkbox"/> Delete
NAME	JARVIS, BRUCE	
STREET ADDRESS	115 NW 167TH ST STE 300	
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33169	
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	One SE 3rd Avenue	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Suite 3100	
STREET ADDRESS	Miami, FL 33131	
CITY-ST-ZIP		
TITLE	One SE 3rd Avenue	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Suite 3100	
STREET ADDRESS	Miami, FL 33131	
CITY-ST-ZIP		
TITLE	One SE 3rd Avenue	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Suite 3100	
STREET ADDRESS	Miami, FL 33131	
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
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GRANVIL TRACY 4/27/04 (305) 654-1500

Date

Daytime Phone #