## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Ave

6. Name and Address of Current Registered Agent

## DOCUMENT #

P96000033158

Mailing Address

MIAMI FL 33165

3. Mailing Address

City & State

<u>uiami</u>

3080 SW

Suite, Apt. #, etc.

2931 SW 108 AVE

1. Entity Name

C & C CARRIERS, INC.

Principal Place of Business

2. Principal Place of Business

3080 SW

Suite, Apt. #, etc

Miami

City & State

12314 SW 132 CRT

**MIAMI FL 33186** 



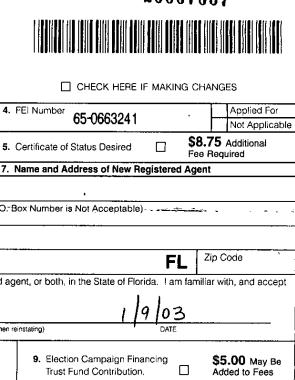
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Dade

## **FILED** Jan 13, 2003 8:00 am Secretary of State

01-13-2003 90843 007 \*\*\*150.00

20007087



ALCIDES L TARRAGO Street Address (P.O. Box Number is Not Acceptable) - - -2931 SW 108TH AVE MIAMI FL 33177 City 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 of printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ☐ Delete TITLE ☐ Change Addition TARRAGO, OLGA NAME TARRAGO, ALCIDES L NAME WE 080E III Ave STREET ADDRESS 2931 SW 108 AVE STREET ADDRESS 33165 CITY-ST-ZIP MIAMI FL 33165 CITY-ST-ZIP Miami ☐ Delete TITLE TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-7IP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP Delete TITLE TITLE ☐ Change ☐ Addition NAME STREET ADDRESS 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 enter like empowered.

**SIGNATURE:** 

MATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

CR2E034