

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000084820

1. Entity Name

C.C.I. INTERNATIONAL, CO.

FILED

Feb 25, 2000 8:00 am
Secretary of State

02-25-2000 90016 013 ***150.00

Principal Place of Business

Mailing Address

8399 N.W. 66 ST.
SUITE 7
MIAMI FL 33166

8399 N.W. 66 ST.
SUITE 7
MIAMI FL 33166-3309

2. Principal Place of Business

8570 N.W. 61 ST.

3. Mailing Address

8570 N.W. 61 ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

MIAMI, FL

4. FEI Number

65-0700880

Applied For

Not Applicable

Zip

Country

33166 USA

Zip

Country

33166 USA

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

REYES, RAMON
215 W. 56TH ST.
MIAMI FL 33012

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 PS ☐ Delete
NAME ROJAS, FRANCISCO
STREET ADDRESS 8399 N.W. 66 ST., #7
CITY-ST-ZIP MIAMI FL 33166

TITLE VP ☐ Change ☒ Addition
NAME VALLAVANTI, BELEN
STREET ADDRESS 8570 NW 61 ST.
CITY-ST-ZIP MIAMI, FL. 33166

TITLE VP ☐ Delete
NAME VALLAVANTI, BELEN
STREET ADDRESS 8570 NW 61 ST.
CITY-ST-ZIP MIAMI, FL. 33166

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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:

Signature of Belen Vallavanti
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-14-00

(305) 436 0577

Date

Daytime Phone #

CR2E034 (9/99)