

From Merrie

to 9545636835

at

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91150 037 ***158.75

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

DOCUMENT # P96000102005

1. Entity Name:
CNC PROPERTIES, INC.



90127164

Principal Place of Business
15701 SOUTHWEST 56 STREET
FT LAUDERDALE, FL 33331

Mailing Address
15701 SOUTHWEST 56 STREET
FT LAUDERDALE, FL 33331

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

CHECK HERE IF MAKING CHANGES

4. FE Number: **65-0724306**

Applied for
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee per filer

6. Name and Address of Current Registered Agent

CARRASCO, RAFAEL
15701 SOUTHWEST 56 STREET
FORT LAUDERDALE, FL 33331

7. Name and Address of New Registered Agent

Name
Street Address (If Different From Above)

City, State, Zip Code
FL Zip Code

8. The above information is submitted for the purpose of changing the registered status of the corporation in the State of Florida. I am familiar with, and accept the obligations of, registered agent.

SIGNATURE

FILE NOW WITH FEE (\$8.75) OR
After May 1, 2003 Fee will be \$50.00
Make Check Payable to Florida Department of State

9. Election of Fiscal Year Ending \$5.00 May Be
Used For Corporation Added to Fee

10. OFFICERS AND DIRECTORS

11. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS (N/A)

TITLE New Delete
NAME CARRASCO, RAFAEL
STREET ADDRESS 15701 SW 56 ST
CITY, STATE, ZIP FT LAUDERDALE, FL

TITLE Change Delete
NAME
STREET ADDRESS
CITY, STATE, ZIP

TITLE New Delete
NAME CARRASCO, MEREDITH
STREET ADDRESS 15701 SW 56 ST
CITY, STATE, ZIP FT LAUDERDALE, FL 33331

TITLE Change Delete
NAME
STREET ADDRESS
CITY, STATE, ZIP

TITLE New Delete
NAME
STREET ADDRESS
CITY, STATE, ZIP

TITLE Change Delete
NAME
STREET ADDRESS
CITY, STATE, ZIP

TITLE New Delete
NAME
STREET ADDRESS
CITY, STATE, ZIP

TITLE Change Delete
NAME
STREET ADDRESS
CITY, STATE, ZIP

TITLE New Delete
NAME
STREET ADDRESS
CITY, STATE, ZIP

TITLE Change Delete
NAME
STREET ADDRESS
CITY, STATE, ZIP

TITLE New Delete
NAME
STREET ADDRESS
CITY, STATE, ZIP

TITLE Change Delete
NAME
STREET ADDRESS
CITY, STATE, ZIP

12. I hereby certify that the information supplied with this filing is true and correct for the information stated in Section 190.001, Florida Statutes. I understand that the information reported on this report is subject to audit by the Department of State and that any false information may result in a fine of up to \$10,000 and/or imprisonment of up to 5 years for each officer or director of the corporation if the information is false and reported with the intent to defraud. I am aware of the requirements of Chapter 207, Florida Statutes, and that my true name appears in this filing if I am making any changes, or if I am making any changes, with all of my employees.

SIGNATURE:

Meredith Carrasco 4/30/03 754-422 7067

SIGNATURE AND TITLE FOR PRINCIPAL PLACE OF BUSINESS OF OTHER PROVISION

SIGNATURE