

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000011959

1. Entity Name

C & G PROPERTIES INTERNATIONAL, INC.

FILED

Mar 22, 2000 8:00 am
Secretary of State

03-22-2000 90073 016 ***150.00

Principal Place of Business

Mailing Address

112 S WOODLYNNE AVE
TAMPA FL 33609

P O BOX 320785
TAMPA FL 33679-2785

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3428240

Applied For

Not Applicable

Zip

Country

Zip

Country

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

GILBERT, LEONARD H
ONE HARBOR PLACE 5TH FLOOR
TAMPA FL 33602

Name

~~JONATHAN S. GILBERT~~ Frank G. Cisneros Jr

Street Address (P.O. Box Number is Not Acceptable)

~~101 EAST KENNEDY BLVD~~ 112 S. Woodlynn Ave

City

TAMPA

FL

Zip Code

33609

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 D
NAME CISNEROS, FRANK G JR
STREET ADDRESS 112 S WOODLYNNE AVE
CITY-ST-ZIP TAMPA FL 33609 ☐ Delete

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

TITLE D
NAME GILBERT, JONATHAN S JR
STREET ADDRESS P. O. BOX 2231
CITY-ST-ZIP TAMPA FL 33601 ☐ Delete

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

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/14/00 (813) 854-1261
Date Daytime Phone #

CR2E034 (9/99)