## **2000 UNIFORM BUSINESS REPORT (UBR)**

## **FILED** Feb 22, 2000 8:00 am Secretary of State DOCUMENT # P97000014525 CC APARTMENTS, INC. 02-22-2000 90011 034 \*\*\*158.75 Principal Place of Business Mailing Address 2000 BANKS RD. #222 --- BANKS RD. #222 MARGATE FL 33063-7764 \_\_\_\_\_FL 33063 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number City & State City & State 65-0736550 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SUHANDRON, KENNETH Street Address (P.O. Box Number is Not Acceptable) 2000 BANKS RD MARGATE FL 33063 Zip Code City 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS Change ☐ Addition Delete TITLE D NAME SUHANDRON, KENNETH STREET ADDRESS \*DDDESS 2000 BANKS RD CITY-ST-ZIF ST ZIP MARGATE FL 33063 ☐ Addition ☐ Delete TITLE Change NAME STREET ADDRESS CITY-ST-ZIP ST ZIP ☐ Change ☐ Addition ☐ Delete STREET ADDRESS +000000 ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete NAME STREET ADDRESS ADDRESS CITY-ST-ZIP ST-7/P Addition ☐ Delete TITLE NAME STREET ADDRESS withouth CITY-ST-ZIP ST-ZIP ☐ Addition TITLE ☐ Change ☐ Delete NAME STREET ADDRESS **аппагсс** CITY-ST-ZIP ST-ZIP

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.

MATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/15/2000 Date 954956 0066

Daytime Phone