

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2003 8:00 am
Secretary of State

04-11-2003 90223 038 ***150.00

0398369 AV

DOCUMENT # P97000015211

1. Entity Name
CCI OF VERO, INC.



Principal Place of Business
INDIAN RIVER MALL
6200 20TH STREET ROOM 496
VERO BEACH FL 32966
US

Mailing Address
2499 GLADES ROAD
SUITE #106-B
BOCA RATON FL 33431
US

2. Principal Place of Business

3. Mailing Address

7639 N.W 6th AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

BOCA RATON FL

Zip

Country

Zip

33487

Country

USA

4. FEI Number

65-0732248

Applied For

Not Applicable

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

SIEGEL, NAT
2499 GLADES ROAD
SUITE 106
BOCA RATON FL 33431

Name

Street Address (P.O. Box Number is Not Acceptable)
7639 N.W 6th AVE

City

BOCA RATON

FL

Zip

33487

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 or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
CONSENTINO, JAMES A
4225 GENESEE STREET
CHEEKTOWAGA NY 14225

☐ Delete

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

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CITY-ST-ZIP
☐ Change ☐ Addition

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 other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/14/03

Date

561-893-0535

Daytime Phone #

CR2E034 (10/02)