

2000 UNIFORM BUSINESS REPORT (UBR)

1-89040

DOCUMENT # P97000018529

1. Entity Name

C.N.E., INC.

FILED

00 MAR -2 PM 2: 13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

1366 NW 78 AVE
MIAMI FL 33126

Mailing Address

11825 SOUTHWEST 99 COURT
MIAMI FL 33176-4117

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0730402

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

AMERILAWYER CHARTERED
343 ALMERIA AVENUE
CORAL GABLES FL 33134

Name Spiegel & Utrera, P.A.

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

343 Almeria Avenue

City Coral Gables

FL

Zip Code
33134

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.

Spiegel & Utrera, P.A.

SIGNATURE By:

Signature, typed name and title of officer or director and not a corporate officer or director (NOTE: Registered Agent signature required when reinstating)

Natalia Utrera, Vice President

DATE

3/1/00

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 PTD
NAME VAUGHN, EDWARD
STREET ADDRESS 9020 SOUTHWEST 44 STREET
CITY-ST-ZIP MIAMI FL 33165 ☐ Delete

TITLE VAUGHN, EDWARD PTD ☒ Change ☐ Addition
NAME
STREET ADDRESS 11825 SW 99 CT
CITY-ST-ZIP MIAMI, FL 33176

TITLE VSD
NAME VAUGHN, CAROL
STREET ADDRESS 9020 SOUTHWEST 44 STREET
CITY-ST-ZIP MIAMI FL 33165 ☐ Delete

TITLE VAUGHN, CAROL VSD ☒ Change ☐ Addition
NAME
STREET ADDRESS 11825 SW 99 CT
CITY-ST-ZIP MIAMI, FL 33176

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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

Edward VAUGHN, PTD.

Date

Daytime Phone #

2/19/2000

SP

CR2E034 (9/99)