

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000050263

1. Entity Name
CBC GROUP, INC.

FILED
Mar 17, 2000 8:00 am
Secretary of State

03-17-2000 90009 026 ***150.00

Principal Place of Business Mailing Address
5750 RIVIERA DR. 5750 RIVIERA DR.
CORAL GABLES FL 33146 CORAL GABLES FL 33146-2751



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 65-0767693 APPLIED FOR		Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		Not Applicable
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
Zip	Country	Zip	Country			

6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
NAGEL, JR., CLIFFORD J 5750 RIVIERA DR. CORAL GABLE FL 33146			Name				
			Street Address (P.O. Box Number is Not Acceptable)				
			City			FL	Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Signature, typed or printed name of registered agent and title if applicable

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NAGEL, CLIFFORD J JR.	NAME	
STREET ADDRESS	1397 SW 10TH AVE.	STREET ADDRESS	
CITY-ST-ZIP	HIALEAH FL 33010	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NAGEL, BRENT C	NAME	
STREET ADDRESS	1397 SW 10TH AVE.	STREET ADDRESS	
CITY-ST-ZIP	HIALEAH FL 33010	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NAGEL, CRAIG J	NAME	
STREET ADDRESS	1397 SW 10TH AVE.	STREET ADDRESS	
CITY-ST-ZIP	HIALEAH FL 33010	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GILDERSLEEVE, DONALD	NAME	
STREET ADDRESS	200 S. BISCAYNE BLVD., STE. 2800	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33131	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: Clifford J Nagel 3-13-2000 Date Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)