

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 31, 2000 8:00 am**  
**Secretary of State**

01-31-2000 90109 034 \*\*\*150.00

**DOCUMENT # P97000102723**

1. Entity Name

**SRA/CCD, INC.**

Principal Place of Business

Mailing Address

**5345 PINE TREE DR.  
 MIAMI BEACH FL 33140**

**5345 PINE TREE DR.  
 MIAMI BEACH FL 33140-2143**

80014767



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **NOT APPLICABLE**  
**65-0799504**

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

~~GRAGG, K. LAWRENCE  
 WHITE & CASE  
 200 S. BISCAYNE BLVD., STE. 4900  
 MIAMI FL 33131~~

Name **Clifford M. Stein, Esq.**  
 Street Address (P.O. Box Number is Not Acceptable) **5345 Pine Tree Dr.**  
 City **Miami Beach** FL **33140**

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  Delete  
 NAME **D STEIN, CLIFFORD M**  
 STREET ADDRESS **5345 PINE TREE DR.**  
 CITY-ST-ZIP **MIAMI BEACH FL 33140**

TITLE  Change  Addition  
 NAME **Joanna L Golden**  
 STREET ADDRESS **5345 Pine Tree Dr**  
 CITY-ST-ZIP **Miami Beach FL 33140**

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
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 STREET ADDRESS  
 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

*Clifford M. Stein*

1/27/00

Date

305-866-1576

Daytime Phone #

**PAID JAN 24 2000**