

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000015254

1. Entity Name

C.C.M. FASHION, CORP.

FILED
May 09, 2000 8:00 am
Secretary of State

05-09-2000 90109 013 ***150.00

Principal Place of Business

3500 SW 112 AVE. APT B209
MIAMI FL 33165

Mailing Address

3500 SW 112 AVE. APT B209
MIAMI FL 33165-3460

2. Principal Place of Business

216 SANTANDER AVE

3. Mailing Address

Suite, Apt. #, etc.

City & State

CORAL GABLES

City & State

Zip

FL

Country

33134

Zip

Country

4. FEI Number

65-0812431

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CABRERA, MARINA
3500 SW 112 AVE, APT B209
MIAMI FL 33165

7. Name and Address of New Registered Agent

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

Marina Cabrera

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

TITLE DP
NAME CABRERA, MARINA
STREET ADDRESS 3500 SW 112 AVE, APT B209
CITY-ST-ZIP MIAMI FL 33165 ☐ Delete

TITLE DV
NAME RODRIGUEZ, ARNALDO
STREET ADDRESS 3500 SW 112 AVE, APT B209
CITY-ST-ZIP MIAMI FL 33165 ☐ Delete

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DP ☒ Change ☐ Addition
NAME CABRERA MARINA
STREET ADDRESS 216 SANTANDER AVE
CITY-ST-ZIP CORAL GABLES, FL 33134

TITLE DV ☒ Change ☐ Addition
NAME ARNALDO RODRIGUEZ
STREET ADDRESS 216 SANTANDER AVE
CITY-ST-ZIP CORAL GABLES, FL 33134

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

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

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

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:

Marina Cabrera
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)