

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P98000061126** **99+2000**
 Entry Name **Cremation Care Center, Inc.** **AR**

APPROVED
AND
FILED

00 JAN 27 PM 3:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

5-7-99 **90177 037**
 DO NOT WRITE IN THIS SPACE **150.00**

Principal Place of Business Mailing Address
167 NE. 26th St., Suite #B **Mailing Address:**
Miami, Florida 33137 **P.O. Box 1272**
Ft. Lauderdale, Fla. 33302

2. Principal Place of Business 3. Mailing Address
167 NE. 26th St. **P.O. Box 1272, Ft. Lauderdale,**
Miami, Fla. 33137 **Florida 33302**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
B

City & State City & State
Miami, Fla. **Ft. Lauderdale, Fla.**
 Zip Country Zip Country
33137 **DADE** **33302** **BROWARD**

4. FEI Number Applied For
Not Applicable **XX** Not Applicable
 5. Certificate of Status Desired ☐ **\$8.75** Additional
 Fee Required

6. Name and Address of Current Registered Agent
JOSEPH DAMIANO
P.O. Box 1272
Ft. Lauderdale, Fla.
33302
167 NE 26 STREET
MIAMI FL 33137

7. Name and Address of New Registered Agent
 Name **Joseph Damiano**
 Street Address (P.O. Box Number is Not Acceptable) **167 NE 26 STREET**
 City **MIAMI FL** Zip Code **33137**

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 **X Joseph Damiano** **01-24-2000**
 Signature of or printed name of registered agent and fee if applicable (NOTE: Registered Agent signature required when re-appointing) DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so. **XX**
 (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 NAME STREET ADDRESS CITY-ST-ZIP	Joseph Damiano (President) P.O. Box 1272, Ft. Lauderdale, Fla. 33302	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Secretary-Treasurer) DeoGracio Maldonado 550 NW. 27th Ave., Suite # 1-A Ft. Lauderdale, Fla. 33311	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	900003136609--0 -02/15/00--01122--005 ****150.00 ****150.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 or other like empowered.
 SIGNATURE: **Joseph Damiano** **1-24-2000**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE (Signature Filing #)

JOSEPH DAMIANO

P.O. Box 1272
Ft. Lauderdale, Florida 33302

() 584-1111

January 24, 1 2000.

TO: DIVISION OF CORPORATIONS
ATTENTION: Ms. Michelle Milligan
P.O. BOX 6327
Tallahassee, Florida 32314

(850) 487-6059

RE: TWO SEPARATE INDIVIDUAL (UBR) 2000 REPORTS, FILING FEES, FOR THE
FOLLOWING: MORTUARY CARE FACILITY AND CREMATION CARE CENTER, INC.

Dear Ms. Milligan:

Regarding the above-captioned please find enclosed individual and separate UBR 2000 Reports as well as the required filing fees.

Please take notice that as in our previous discussions as indicated, these matters had been previously mailed by me for filing with your Office, however, through no culpable negligence of my own, these previous matters mailed to you were mis-directed in the mail, thus is the reason for the delay.


Accordingly, I am requesting that the penalty fees assessed be waived. If necessary and you are in need of an Affidavit from me, please so advise and I will remit same to you immediately.

If you have any further questions and/or concerns, Please advise and I'll respond immediately.

Thank You for your kind time and assistance in this matter. Thanking You in advance for your promptness in the filing of the within.

I remain

Very Truly Your's,



JOSEPH DAMIANO-President/Registered Agent

rmt/jd.

enclosures.

cc:

DeoGracio Maldonado-Secretary-Treasurer