

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000075364

1. Entity Name

CCG HOLDINGS, INC.

**FILED**  
**May 15, 2001 8:00 am**  
**Secretary of State**

05-15-2001 90146 013 \*\*\*150.00

765088



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

4265 QUECHUA RD.  
 COCOA FL 32927

4265 QUECHUA RD.  
 COCOA FL 32927

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PORT ST JOHN, FL

City & State

PORT ST JOHN, FL

4. FEI Number

59-3537632

Applied For

Not Applicable

Zip

Country

Zip

Country

32927

32927

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

FERRARO, CARMINE  
 4265 QUECHUA RD.  
 COCOA FL 32927

Name

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

City

PORT ST JOHN, FL

FL

Zip Code

32927

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

Carmine Ferraro, Registered Agent

5/1/2001

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, 2001 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 DP  
 STREET ADDRESS FERRARO, CARMINE  
 CITY-ST-ZIP 4265 QUECHUA RD.  
 COCOA FL 32927

TITLE ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP PORT ST JOHN, FL 32927

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
 NAME  
 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

Carmine Ferraro, President

Date

Daytime Phone #

5/1/2001

321-633-3724

CR2E034 (10/00)