

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000098141

1. Entity Name

C&C CREDIT CONSULT CORPORATION

FILED

Apr 17, 2000 8:00 am  
Secretary of State

04-17-2000 90047 008 \*\*\*150.00

Principal Place of Business

Mailing Address

KTG&S REGISTERED AGENT CORPORATION  
100 S.E. 2ND ST., 28TH FLOOR  
MIAMI FL 33131

KTG&S REGISTERED AGENT CORPORATION  
100 S.E. 2ND ST., 28TH FLOOR  
MIAMI FL 33131-2158

2. Principal Place of Business

3. Mailing Address

1000 BRICKELL AVE

1000 BRICKELL AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 1020

SUITE 1020

City & State

City & State

MIAMI, FL

MIAMI, FL

Zip

Country

Zip

Country

33131

USA

33131

USA

4. FEI Number 65-0877119

Applied For

Not Applicable

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

KTG&S REGISTERED AGENT CORPORATION  
100 S.E. 2ND ST., 28TH FLOOR  
MIAMI FL 33131

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

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DPST  
ORTEGA, XAVIER  
1000 BRICKELL AVE, #1020  
MIAMI FL 33131

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

VP  
LLABRES, GASPAR  
1000 BRICKELL AVE, #1020  
MIAMI FL 33131

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

☐ Change ☐ 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 any changes, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-5-00

305 929 5400