05-22-2001 90002 014 \*\*\*150.00

## 2001 UNIFORM BUSINESS REPORT (UBR)

DOCEMENT # P99000024123

CCG AT DORAL, INC.

Principal Place of Business

Mailing Address

4400 NW 79 AVE MIAMI FL 33166

4400 NW 79 AVE MIAMI FL 33166

,		
2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	



DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For 65-0904178 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 

6. N	ame and A	ddress of	Current	Registered	Agent	
	1					
ruz, Luis	į					
ann NW 70	ÀVE					

7. Name and Address of New Registered Agent

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

(NOTE: Registered Agent signature required when reinstating)

Name

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

TITLE

NAME

NAME

TITLE

NAME

TITLE

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

**MIAMI FL 33166** 

Signature, typed or printed name of registered agent and title if applicable.

9. This corporation is eligible to satisfy its Intangible

FILE NOW!!! FEE IS \$150.00

10. Election Campaign Financing

\$5.00 May Be Added to Fees

	ria on back)	After MAY 1, 20 Make Check Payat	01 Fee will be \$5 de to Department		Trust Fund Contribution
11.	OFFICERS AND DIE	RECTORS	12.	AD	DITIONS/CHANGES TO OF
TITLE	D	☐ Delete	TITLE		
NAME	CRUZ, LUIS		NAME		
STREET ADDRESS	4400 NW 79 AVE		STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33166		CITY-ST-ZIP		

☐ Delete

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FICERS AND DIRECTORS IN 11 ☐ Change

STREET ADDRESS CITY-ST-ZIP

☐ Delete TITLE NAME STREET ADDRESS

TITLE

NAME

CITY-ST-ZIP TITLE

NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME

STREET ADDRESS CITY-ST-ZIP ☐ Delete TITLE

> NAME STREET ADDRESS CITY-ST-ZIP

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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 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 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 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 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 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 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 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 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 accurate accurate and the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver accurate acc changed, or on an attachment ess, with all other like empowered

SIGNATURE:

OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SIGNATURE AND

Daytime Phone #

Addition

☐ Addition