

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000034265

1. Entity Name

C.B.C. TECHNOLOGIES, INC.

**FILED**  
**Apr 24, 2000 8:00 am**  
**Secretary of State**

04-24-2000 90124 048 \*\*\*150.00

Principal Place of Business

2975 OVERSEAS HIGHWAY  
MARATHON FL 33050

Mailing Address

2975 OVERSEAS HIGHWAY  
MARATHON FL 33050-2235

2. Principal Place of Business

11295 3RD AVE GULF

Suite, Apt. #, etc.

3. Mailing Address

11295 3RD AVE GULF

Suite, Apt. #, etc.

644744



DO NOT WRITE IN THIS SPACE

City & State

MARATHON FL

City & State

MARATHON FL

4. FEI Number

65-0909703

Applied For

Not Applicable

Zip

BB050

Country

MONROE

Zip

33050

Country

MONROE

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

MILLER, ROBERT K  
2975 OVERSEAS HIGHWAY  
MARATHON FL 33050

7. Name and Address of New Registered Agent

Name

ROBERT K. MILLER

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

2975 OVERSEAS HWY

City

MARATHON

FL

Zip Code

33050

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

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MILLER, ROBERT K	
STREET ADDRESS	2975 OVERSEAS HIGHWAY	
CITY-ST-ZIP	MARATHON FL 33050	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROGER F. SCHILF	
STREET ADDRESS	2423 BAY CIRCLE	
CITY-ST-ZIP	PALM BEACH GARDENS, FL. 33410	
TITLE	VICE-PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	11295 3RD AVE GULF	
STREET ADDRESS	VINCENT J. Di MAURO	
CITY-ST-ZIP	MARATHON, FL 33050	
TITLE	SECRETARY-TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LOUISE A. Di MAURO	
STREET ADDRESS	11295 3RD AVE GULF	
CITY-ST-ZIP	MARATHON, FL 33050	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

*Louise A. Di Mauro*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
SECRETARY-TREASURER

4-17-00

Date

305-742-5700

Daytime Phone #

CR2E034 (9/99)