

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000042995

1. Entity Name

C&B PERSONAL PROTECTION SERVICES, INC.

Principal Place of Business

14552 S.W. 155 PLACE
MIAMI FL 33196

Mailing Address

14552 S.W. 155 PLACE
MIAMI FL 33196

2. Principal Place of Business

1548 SW 186 Ter.

Suite, Apt. #, etc.

3. Mailing Address

1548 SW 186 Ter.

Suite, Apt. #, etc.

City & State

Pembroke Pines, Fl.

City & State

Pembroke Pines, Fl.

Zip

33029

Country

Broward

Zip

33029

Country

Broward

4. FEI Number

65-0930874

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

RAMOS, BLANCA

14552 S.W. 155 PLACE
MIAMI FL 33196

7. Name and Address of New Registered Agent

Name

Ramos-Cardenas, Blanca

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

1548 SW 186 Terrace

City

Pembroke Pines

FL

Zip Code

33029

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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
DP
CARDENAS, CARLOS M
14552 S.W. 155 PLACE
MIAMI FL 33196 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

TITLE
NAME
STREET ADDRESS
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 an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Sep 18, 2000 8:00 am
Secretary of State

09-18-2000 90020 003 ***550.00

80106998



DO NOT WRITE IN THIS SPACE

CR2E034 (5/00)