

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000047773

1. Entity Name  
**CONTROL AND COMMUNICATIONS SYSTEMS  
INTEGRATORS-CCSI CORP.**

**FILED**  
**May 31, 2000 8:00 am**  
**Secretary of State**

05-31-2000 90075 027 \*\*\*150.00

Principal Place of Business  
**6955 NW.52nd ST.  
SUITE 205  
MIAMI, FL.33166**

Mailing Address  
**Same as Place of Bus.**

00101145

2. Principal Place of Business  
**6955 NW.52nd.ST.**

3. Mailing Address  
**SAME**

Suite, Apt. #, etc.  
**Suite 205**

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
**MIAMI, FL.**

City & State

4. FEI Number  
**65-0922748**

Applied For  
Not Applicable

Zip  
**33166**

Country  
**DADE**

Zip

Country

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

**CARL V. BRADLEY**  
**6955 NW.52nd.ST. Suite 205**  
**MIAMI, FL. 33166**

Name

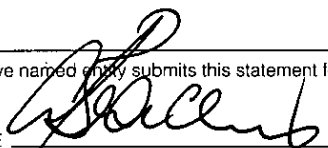
Street Address (P.O. Box Number is Not Acceptable)

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  **May 10/2000**  
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  
**Pres.**  
**Carlos E. Martinez**  
**6955 NW.52Nd.ST.Ste.205**  
**Miami,FL.33166**

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**Vice-Pres.**  
**Maria A. Sanchez**  
**Same Address as Pres.**

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**Treasurer**  
**Cecilia Sanchez**  
**Same Address as Above**

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**Secretary**  
**Carl V. Bradley**  
**Same Address as Above**

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**Directors**

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

**May 10/2000** (305)4779220  
Date Daytime Phone #

CR2E034 (9/99)