

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000072746

1. Entity Name

C.C. DESTINATIONS, CORP.

**FILED**  
**Sep 08, 2000 8:00 am**  
**Secretary of State**

09-08-2000 90014 001 \*\*\*550.00

09-08-2000 90014 002 \*\*\*\*\*8.75

Principal Place of Business

9551 FONTAINBLEAU BLVD. APT. 304  
 MIAMI FL 33172

Mailing Address

9551 FONTAINBLEAU BLVD. APT. 304  
 MIAMI FL 33172

2. Principal Place of Business

1343 COLLINS AVE

3. Mailing Address

9551 FONTAINBLEAU BLVD

Suite, Apt. #, etc.

LOBBY

Suite, Apt. #, etc.

SUITE 304

City & State

MIAMI BEACH - FLORIDA

City & State

MIAMI - FLORIDA

4. FEI Number

65-0941015

Applied For

Not Applicable

Zip

33139

Country

USA

Zip

33172

Country

USA

5. Certificate of Status Desired

☒

\$8.75 Additional  
 Fee Required

6. Name and Address of Current Registered Agent

CATANESE, RUBEN  
 9551 FONTAINBLEAU BLVD. APT. 304  
 MIAMI FL 33172

7. Name and Address of New Registered Agent

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 \$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	PTD	<input type="checkbox"/> Delete
NAME	CATANESE, RUBEN	
STREET ADDRESS	9551 FONTAINBLEAU BLVD. APT. 304	
CITY-ST-ZIP	MIAMI FL 33172	
TITLE	VPSD	<input type="checkbox"/> Delete
NAME	SERRALTA, CYNTHIA K	
STREET ADDRESS	9551 FONTAINBLEAU BLVD. APT. 304	
CITY-ST-ZIP	MIAMI FL 33172	
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
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	
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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-5-00

Date

(305) 227-4143

Daytime Phone #

CR2E034 (5/00)