

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 03, 2003 8:00 am
Secretary of State

02-03-2003 90124 024 ***150.00

0730755 AV

DOCUMENT # P99000072746

1. Entity Name
C.C. DESTINATIONS, CORP.



Principal Place of Business
**1343 COLLINS AVE
MIAMI FL 33139**

Mailing Address
**1343 COLLINS AVE
MIAMI FL 33139**

2. Principal Place of Business

9600 NW 25 STREET

3. Mailing Address

9600 NW 25 STREET

Suite, Apt. #, etc.

SUITE 4C

Suite, Apt. #, etc.

SUITE 4C

City & State

MIA - FL

City & State

MIA - FL

Zip

33172

Country

DADE

Zip

33172

Country

DADE

4. FEI Number

65-0941015

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1-31-03

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **PTD** ☐ Delete
NAME **CATANESE, RUBEN**
STREET ADDRESS **9551 FONTAINBLEAU BLVD. APT. 304**
CITY-ST-ZIP **MIAMI FL 33172**

TITLE **VPSD** ☐ Delete
NAME **SERRALTA, CYNTHIA K**
STREET ADDRESS **9551 FONTAINBLEAU BLVD. APT. 304**
CITY-ST-ZIP **MIAMI FL 33172**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, but an officer like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-31-03

Date

(305) 594-9732

Daytime Phone #

CR2E034 (10/02)