

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 07, 2001 8:00 am**  
**Secretary of State**

02-07-2001 90140 016 \*\*\*150.00

**DOCUMENT # P99000081468**

1. Entity Name

CCAM, INC.

Principal Place of Business

1674 E OAKLAND PK BLVD  
 OAKLAND PARK FL 33334

Mailing Address

PO BOX 39122  
 FORT LAUDERDALE FL 33339

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0948698

Applied For

Not Applicable

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

Name

CHRISTINE CASCIO

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

4401 N.E. 21<sup>ST</sup>. AVE. APT#8

FT. LAUDERDALE, FL.

City

FL

33308

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, 2001 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 ☒ Delete  
 NAME ~~MOSCA, ANDY~~  
 STREET ADDRESS ~~2895 NE 32<sup>ST</sup> 1028~~  
 CITY-ST-ZIP ~~FORT LAUDERDALE FL 33306~~

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

TITLE ☐ Delete  
 NAME ~~VP~~  
 STREET ADDRESS ~~CASCIO, CHRISTINE~~  
 CITY-ST-ZIP ~~2895 NE 32<sup>ST</sup> 1028~~  
~~FORT LAUDERDALE FL 33306~~

TITLE ☒ Change ☐ Addition  
 NAME P. CHRISTINE CASCIO  
 STREET ADDRESS 4401 N.E. 21<sup>ST</sup>. AVE. APT. #8  
 CITY-ST-ZIP FT. LAUDERDALE, FL, # 33308

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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 NAME  
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 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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)