

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 09, 2000 8:00 am
Secretary of State

05-09-2000 90048 020 ***150.00

DOCUMENT # P99000087529

1. Entity Name

C.C.A. DEVELOPMENT CORPORATION

Principal Place of Business

Mailing Address

343 ALCAZAR AVE.
 CORAL GABLES FL 33134

343 ALCAZAR AVE.
 CORAL GABLES FL 33134-4301

2. Principal Place of Business

3. Mailing Address

2730 SW 3 Avenue

2730 SW 3 Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

203

203

City & State

City & State

Miami, FL

Miami, FL

Zip

Country

Zip

Country

33129

USA

33129

USA

4. FEI Number

Applied For

65-0951535

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

**RODRIGUEZ, JOSE A
 777 BRICKELL AVE., STE. 950
 MIAMI FL 33131**

Name

Alberto Milo Jr

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

2100 SW 4 Avenue

City

Miami

FL

Zip Code

33129

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

Alberto Milo Jr - Alberto Milo Jr

(NOTE: Registered Agent signature required when reinstating)

DATE

4/25/00

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 **D** ☐ Delete
 NAME **MILO, ALBERT JR**
 STREET ADDRESS **343 ALCAZAR AVE.**
 CITY-ST-ZIP **CORAL GABLES FL 33134**

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

TITLE **D** ☐ Delete
 NAME **MILO, MARIA CRISTINA**
 STREET ADDRESS **343 ALCAZAR AVE.**
 CITY-ST-ZIP **CORAL GABLES FL 33134**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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:

Alberto Milo Jr President

4/25/00

305-285-1738

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)