UNIFORM BUSINESS REPORT (UBR) FILED **DOCUMENT # P99000087529**. 02 MAY -1 PM 4: 29 1. Entity Name C.C.A. Development Corporation SECRETARY OF STATE TALLAHASSEE, FLORIDA Mailing Address Principal Place of Business 3. Mailing Address 2. Principal Place of Business 2100 S.W. 4th Avenue 21 2100 S.W. 4th Avenue 26 Suite, Apt. #, etc. Suite, Apl. #, etc. City & State City & State 27 Not Applicable 65-0951535 Miami FL 23 Miami FL \$8.75 Additional County 5. Certificate of Status Desired County Zip Zip 28 Fee Required Dade 33129 24 33129 25 Dade 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent 81 Street Address (P.O. Box Number is Not Acceptable) Alberto Milo, Jr. 301 SW 17th Road 83 2nd Floor Miami, FL 33129 \mathbf{FL} 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title of applicable. (NOTE: Registered agent and title of applicable. (NOTE: Registered agent and title of applicable. FILE NOW!!! FEE IS \$150.00 \$5,00 May be 10. Election Campaign Financing Trust. This corporation is eligible to satisfy its intangible After MAX 1, 2000 Fee will be \$550,00 Make Check Payable to Department of State added to Fees Tax filing requirement and elects to do so (See criteria on back) Fund Contribution ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. Change Addition LA TITLE Director Alberto Milo, Jr. 2100 S.W. 4th Avenue Miami, FL 33129 DELETE IIILB 1,2 NAMB NAME 1.3 STREET ADDRESS STREET ADDRESS LA CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ DELETE 2.1 TITLE TITLE Director Maria C. Milo 2100 S.W. 4th Avenue Miami, FL 33129 2.2 NAME 400005416004--5 NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 3.1 TITLE TILE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4 CITY-ST-ZIP CITY-ST-ZIP Addition Change DELETE 4.1 TITLB TILE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CTTY-\$T-ZIP CTTY-ST-ZIP Addition Change □ DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CTTY-ST-ZIP 6.1 TITLE Change Addition DELETE TITLE 6.2 NAME NAME

13. I do 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 annual report or supplemental annual 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 on the receiver or trustee empowered to execute this reports required by Chapter 607. Florida Statutes; and that my name appears in Block 11 or Block 12 or on strachment with an address.

SIGNATURE

SIGNATURE

SIGNATURE

SIGNATURE

SIGNATURE

Date

Date

Description 19.07(3)(i), Florida Statutes. I further 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 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 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 annual report or supplied under oath; that my signature shall have the same legal effect as if made under oath; that if you have the same legal effect as if made under oath; that my signature shall have the same legal effect as if made under oath; that my signature shall have the same legal effect as if made under oath; that my signature shall have the same legal effect as if made under oath; that my signature shall have the same legal effect as if made under oath; that my signature shall have the same legal effect as if made under oath; that my signature shall have the same legal effect as if made under oath; that my signature shall have the same legal effect as if made under oath; that my signature shall have the same legal effect as if made under oath; that my signature shall have the same legal effect as if made under

6.4 CITY-ST-ZIP

6.3 STREET ADDRESS

STREET ADDRESS

CITY-ST-ZZP

2000

FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302 PHONE: (850) 668-4318 FAX: (850) 668-3398

DATE: 05-01-02			
NAME: C.C.A. DEVELOPMENT CORPORATION	BIVISISH EF	02	
TYPE OF FILING: 2002 UBR			
COST: \$/50.		無 10: 29	T)
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ACCOUNT: FCA00000015			

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ABBIE/PAUL HODGE

AUTHORIZATION: