

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S55648

1. Entity Name

C.C.T.A. II SERVICE, INC.

FILED

00 MAR -9 PM 3:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

1215 SE 17TH ST
FT LAUDERDALE FL 33316
US

3475 W FLAGLER ST
MIAMI FL 33135-1025
US

2. Principal Place of Business

3. Mailing Address

1215 SE 17 Street 6714 Pines Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

FT Lauderdale FL

Pembroke Pines FL

Zip 33316

Country USA

Zip 33024

Country USA

4. FEI Number

65-0278305

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

HOLBROOK, FRANCINE D
1600 S BAYSHORE LANE
SUITE #2B
MIAMI FL 33133

Name MARIA SCHLAFKE

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

6714 Pines Blvd

City & State Pembroke Pines FL

Zip Code 33024

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 *Francine D. Schlafke* Vice President 1-17-00

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, 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 DP
NAME CRUZ, CLEMENTE
STREET ADDRESS 1215 SE 17TH ST
CITY-ST-ZIP FT LAUDERDALE FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
400003179184-7
-03/22/00-01017-009
****150.00 ****150.00 ☐ Change ☐ Addition

TITLE DVS
NAME CRUZ, CLEMENTE E.
STREET ADDRESS 1215 SE 17TH ST
CITY-ST-ZIP FT LAUDERDALE FL ☐ Delete

TITLE Director
NAME SECRETARY ☒ Change ☐ Addition

TITLE DV
NAME SCHLAFKE, MARIA D
STREET ADDRESS 3475 W FLAGLER ST
CITY-ST-ZIP MIAMI FL 33135 ☐ Delete

TITLE Director
NAME Vice President ☒ Change ☐ Addition

TITLE DVT
NAME VINAS, SARA
STREET ADDRESS 3475 W FLAGLER ST
CITY-ST-ZIP MIAMI FL 33135 ☐ Delete

TITLE Director ☒ Change ☐ Addition

TITLE DVP
NAME HOLBROOK, FRANCINE
STREET ADDRESS 1600 S BAYSHORE LANE #2B
CITY-ST-ZIP MIAMI FL ☒ Delete

TITLE ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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:

Francine D. Schlafke Vice President 1-17-00 904961-52224204

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)