

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S55648

1. Entity Name

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

FILED

Apr 23, 2001 8:00 am
Secretary of State

04-23-2001 90231 029 ***150.00

Principal Place of Business

1215 SE 17TH ST
FT LAUDERDALE FL 33316
US

Mailing Address

6714 PINES BLVD
PEMBROKE PINES FL 33024
US

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 65-0278305

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

SCHLAFKE, MARIA
6714 PINES BLVD
PEMBROKE PINES FL 33024

Name CLEMENTE E. CRUZ

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

6714 PINES BOULEVARD

City 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

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	DP	☐ Delete
NAME	CRUZ, CLEMENTE	
STREET ADDRESS	1215 SE 17TH ST	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	SD	☐ Delete
NAME	CRUZ, CLEMENTE E.	
STREET ADDRESS	1215 SE 17TH ST	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	VPD	☐ Delete
NAME	SCHLAFKE, MARIA D	
STREET ADDRESS	3475 W FLAGLER ST	
CITY-ST-ZIP	MIAMI FL 33135	
TITLE	D	☐ Delete
NAME	VINAS, SARA	
STREET ADDRESS	3475 W FLAGLER ST	
CITY-ST-ZIP	MIAMI FL 33135	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CLEMENTE E. CRUZ

Date

Daytime Phone #

4/12/01 (954) 961-5222

CR2E034 (10/00)