## 2000 UNIFORM BUSINESS REPORT (UBR)

## **DOCUMENT # V47174**

1. Entity Name

C & C ELECTRICAL CO. INC.

Principal Place of Business		Mailing Address				
FL 33169	ACE	P O BOX 4451 HOLLYWOOD FL 33083-4451 US				
2. Principal Place of Business		3. Mailing Address				
Suite, Apt. #, e	tc	Suite, Apt. #, etc.  City & State				
City & State						
Zip	Country	Zip	Country			
	6. Name and Address of C	urrent Registered Agent				
			Name			

## FILED May 23, 2000 8:00 am Secretary of State

05-23-2000 90268 008 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

outo, Apt.	<i>"</i> , c.c.	Solid, April M, State							
City & State		City & State	City & State		4. F	4. FEI Number 65-0348020		Applied For Not Applicable	
Zip	Country	Zip	Countr	у	<b>5.</b> C	Certificate of Status Desired	\$8.75 / Fee Requ	Additional	
	6. Name and Address of Curre	ent Registered Agent	<del></del>		7. N	ame and Address of New Register	ed Agent		
				Name					
MVL	AND CYPH		-	0	(D.O. D.	Niverbasis New Assessation			
MYLAND, CYRIL 1030 NW 200TH TERRACE				Street Address (P.O. Box Number is Not Acceptable)					
	AI FL 33169								
IVIL/AIN	MITE 33109		-					<del></del>	
				City			Zip C	ode	
	named entity submits this statemen	t for the property of abandon if		d office or ro	aistarad ag	ant or both in the State of Florida			
8. The above	named entity submits this statemen	it for the purpose of changing if	is registeret	a office of Te	gistered agt	shit, or both, in the State of Florida.			
SIGNATURE .	Signature, typed or printed name of registered ag	cont and title if applicable (NO	TE: Begistered	Agent signature r	required when re	instating) DA	TE		
	Signature, typed or printed marrie or registered ag	gent and the mappingable. (NO	71E. Hogidio.co	rigotti digilatare i					
9. This corpo	oration is eligible to satisfy its Intangi				'	10. Election Campaign Financing	\$5	.00 May Be	
•	requirement and elects to do so.	After MAY 1, 2		•		Trust Fund Contribution.		ded to Fees	
(See crite	ria on back)	Make Check Paya	able to Dep	partment of					
11.	OFFICERS AI	ND DIRECTORS	12.		AD	DITIONS/CHANGES TO OFFICERS	AND DIRECTO	DRS_IN 11	
TITLE	P	☐ Delete	TITLE				☐ Chang	ge 🔲 Addition	
NAME	MYLAND, CYRIL		NAME						
STREET ADDRESS	1030 NW 200 TERRACE		STREE	T ADDRESS					
CITY-ST-ZIP	MIAMI FL 33169		CITY-	ST-ZIP		_			
TITLE	VP	☐ Delete	TITLE				Chang	je 🔲 Addition	
NAME	GRAY, PAULA		NAME						
STREET ADDRESS	1030 NW 200 TERR		STREE	T ADDRESS					
CITY-ST-ZIP	MIAMI FL 33169		CITY-	ST-ZIP					
TITLE	-ST	- Delete	TITLE		TREAS	URER -	Chang	e Addition	
NAME	GRAY, WAYNE	_ 330.0	NAME						
STREET ADDRESS	1030 NW 200 TERRACE		STREE	TADDRESS 5	5777 W	WAYNE ASHINGTON ST # MAS			
CITY-ST-ZIP	MIAMI FL 33169		CITY-	ST-ZIP	HOLLAMO	OD FLORIDA 33023	3		
TITLE	MIZIMI 1 E 90 100	Delete	TITLE		SECRE		☐ Chanc	e Addition	
NAME			NAME		_	A A		<del></del>	
STREET ADDRESS			STREE	T ADDRESS	3033 E	: MISSIGHWOOD CIRC	CE		
CITY-ST-ZIP	1		CITY-		MIRAM		25		
TITLE	1	☐ Delete	TITLE				☐ Chang	ge 🔲 Addition	
HILL		L Delete	NAME				,	<del>_</del>	
NAME									
NAME STREET ADDRESS			STREE	T ADDRESS					
STREET ADDRESS				T ADDRESS ST-ZIP					
STREET ADDRESS CITY-ST-ZIP		□ Data:	CITY-				☐ Chanc	e Addition	
STREET ADDRESS CITY-ST-ZIP TITLE		☐ Delete	CITY	ST-ZIP	<u>.</u>		☐ Chanç	ge Addition	
STREET ADDRESS CITY-ST-ZIP TITLE NAME	:	☐ Delete	CITY TITLE NAME	ST-ZIP			☐ Chanç	ne Addition	
STREET ADDRESS CITY-ST-ZIP TITLE	:	☐ Delete	CITY-, TITLE NAME STREE	ST-ZIP		,	☐ Chanç	ge Addition	

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.