

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 26, 2001 8:00 am**  
**Secretary of State**

01-26-2001 90021 039 \*\*\*150.00

**DOCUMENT # V47174**

1. Entity Name

**C & C ELECTRICAL CO., INC.**

Principal Place of Business

**1030 NW 200 TERRACE  
 MIAMI FL 33169  
 US**

Mailing Address

**P O BOX 4451  
 HOLLYWOOD FL 33083  
 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 **65-0348020**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MYLAND, CYRIL  
 1030 NW 200TH TERRACE  
 MIAMI FL 33169**

Name

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

City

**FL**

Zip Code

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  Delete  
 NAME **P MYLAND, CYRIL**  
 STREET ADDRESS **1030 NW 200 TERRACE**  
 CITY-ST-ZIP **MIAMI FL 33169**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **VP GRAY, PAULA**  
 STREET ADDRESS **1030 NW 200 TERR**  
 CITY-ST-ZIP **MIAMI FL 33169**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **Y GRAY, WAYNE**  
 STREET ADDRESS **5777 WASHINGTON ST M23**  
 CITY-ST-ZIP **HOLLYWOOD FL 33023**

TITLE  Change  Addition  
 NAME **TREASURER**  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **S GRAY, FAITH**  
 STREET ADDRESS **3033 W MISSIONWOOD CIR**  
 CITY-ST-ZIP **MIRAMAR FL 33025**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS **3033 EAST MISSIONWOOD CIRCLE**  
 CITY-ST-ZIP **MIRAMAR FL 33025**

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 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

*Paula A Gray*

1-15-01

Date

305 655-0972

Daytime Phone #

CR2E034 (10/00)