

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2003 8:00 am
Secretary of State

03-13-2003 90051 043 ***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
Suite, Apt. #, etc.
City & State
Zip

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip

CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0348020**
Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
**MYLAND, CYRIL
1030 NW 200TH TERRACE
MIAMI FL 33169**

7. Name and Address of New Registered Agent
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MYLAND, CYRIL 1030 NW 200 TERRACE MIAMI FL 33169	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GRAY, PAULA 1030 NW 200 TERR MIAMI FL 33169	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GRAY, WAYNE 5777 WASHINGTON ST M23 HOLLYWOOD FL 33023	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GRAY, FAITH 3033 W MISSIONWOOD CIR MIRAMAR FL 33025	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRAY, LINCOLN 3033 EAST MISSIONWOOD CIRCLE MIRAMAR FL 33025	<input checked="" type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MYLAND, PAULA	<input checked="" type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Paula Myland **REQUIRED** Date: 3/11/03 Daytime Phone #: 305 655-0972

CR2E034 (10/02)