

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 683942

1. Entity Name

GENERAL CRANE, INC.

FILED
May 19, 2000 8:00 am
Secretary of State

05-19-2000 90018 037 ***150.00

Principal Place of Business

Mailing Address

2500 HOLLYWOOD BLVD., STE. 212
 HOLLYWOOD FL 33020

2500 HOLLYWOOD BLVD., STE. 212
 HOLLYWOOD FL 33020-6615

2. Principal Place of Business

3. Mailing Address

2237 N. Commerce Parkway

2237 N. Commerce Parkway

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite #3

Suite #3

City & State
 WESTON, FLORIDA

City & State
 WESTON, FLORIDA

4. FEI Number 59-2053462

Applied For
 Not Applicable

Zip
 333326

Country
 BROWARD

Zip
 33326

Country
 BROWARD

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

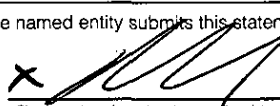
6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MANELLA, ROSS H
 2500 HOLLYWOOD BLVD., STE. 212
 HOLLYWOOD FL 33020

Name
 ROSS H. MANELLA ESQ.
 Street Address (P.O. Box Number is Not Acceptable)
 2237 N. Commerce Parkway
 Suite #3
 City Weston FL Zip Code 33326

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  ROSS MANELLA

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE 4/27/00

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
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 PST
 RETTERATH, STEVEN J.
 1360 N.W. 33RD ST
 POMPAHO BEACH FL 33064 ☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

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

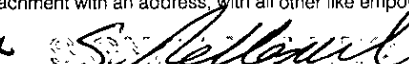
TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

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

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:  STEVE RETTERATH
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 4/27/00 (954) 385-3637
 Daytime Phone #

CR2E034 (9/99)