

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 04, 2003 8:00 am
Secretary of State

04-04-2003 90079 021 ****61.25

DOCUMENT # 725122

1. Entity Name

CRYSTAL HOUSE, INC.



Principal Place of Business

**5055 COLLINS AVENUE
MIAMI BEACH FL 33140**

Mailing Address

**5055 COLLINS AVENUE
MIAMI BEACH FL 33140**

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 **59-1460459**

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**ZAIMAN, STEVAN M GEN.MGR
5055 COLLINS AVENUE
MIAMI BEACH FL 33140**

7. Name and Address of New Registered Agent

Name **LEONARD MARCUS**

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

5055 COLLINS AVE

City

MIAMI BEACH

FL

Zip Code

33140

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

Leonard Marcus

LEONARD MARCUS

4/3/03

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WISE, JOSE 5055 COLLINS AVE #3F MIAMI BEACH FL 33140	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GRAFMAN, STEVE 5055 COLLINS AVE #14J MIAMI BEACH FL 33140	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GARCIA, JOSE 5055 COLLINS AVE #4H MIAMI BEACH FL 33140	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DON, NICOLAS 5055 COLLINS AVE MIAMI BCH FL 33140	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STERNHELL, JOSHUA 5055 COLLINS AVE #5D MIAMI BCH FL 33140	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHAPIRO, MAURICE 5055 COLLINS AVE #4F MIAMI BEACH FL 33140	☒ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER VINCENT FRAGANO 5055 COLLINS AVE #4A MIAMI BCH, FL 33140 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR GUSTAVO FERNANDEZ 5055 COLLINS AVE #11C MIAMI BCH, FL 33140 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR ALFREDO AMAYA 5055 COLLINS AVE #9F MIAMI BCH, FL 33140 ☐ Change ☒ Addition

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 617, 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:

JOSE WISE
SIGNATURE REQUIRED

JOSE WISE

305-865-5776

CR2E037 (10/02)