

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 14, 2001 8:00 am**  
**Secretary of State**

03-14-2001 90215 039 \*\*\*158.75

**DOCUMENT # H28296**

1. Entity Name

**CRYSTAL COURT RECREATION, INC.**

Principal Place of Business

1400 NORTH 12TH COURT  
 HOLLYWOOD FL 33019

Mailing Address

1400 NORTH 12TH COURT  
 HOLLYWOOD FL 33019

**633112**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-2468922**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**GLAZER, ERIC M. P.A.**  
**1920 E. HALLANDALE BEACH BLVD.**  
**8TH FLOOR**  
**HALLANDALE FL 33009**

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

TITLE	<b>P</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>CIPRESSI, GEORGE</b>	
STREET ADDRESS	<b>1504 N. 12TH CT. 9B</b>	
CITY-ST-ZIP	<b>HOLLYWOOD FL 33019</b>	
TITLE	<b>VP</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>MAGISTRINI, FRANK</b>	
STREET ADDRESS	<b>1555 N. 12TH CT. # 5B</b>	
CITY-ST-ZIP	<b>HOLLYWOOD FL 33019</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>BELANGER, LAVRIER</b>	
STREET ADDRESS	<b>1505 N. 12TH CT. # 2B</b>	
CITY-ST-ZIP	<b>HOLLYWOOD FL 33019</b>	
TITLE	<b>TD</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>ZIMBERG, DOROTHY W.</b>	
STREET ADDRESS	<b>1455 N 12TH CT APT 1B</b>	
CITY-ST-ZIP	<b>HOLLYWOOD FL</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>CAMACHE, DONALD</b>	
STREET ADDRESS	<b>1505N 12TH CT 5A</b>	
CITY-ST-ZIP	<b>HOLLYWOOD FL 33019</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>P</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>EDWARD MORTON</b>	
STREET ADDRESS	<b>1501N 12TH CT #10A</b>	
CITY-ST-ZIP	<b>HOLLYWOOD FL 33019</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>JOSEPH FRANK</b>	
STREET ADDRESS	<b>1454N 12TH CT #12A</b>	
CITY-ST-ZIP	<b>HOLLYWOOD FL 33019</b>	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BELANGER LAURIER</b>	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>TD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>SARA OMBRELLO</b>	
STREET ADDRESS	<b>1451N 12TH CT # 8B</b>	
CITY-ST-ZIP	<b>HOLLYWOOD FL 33019</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>RITA KASCHAK</b>	
STREET ADDRESS	<b>1354N 12TH CT #10B</b>	
CITY-ST-ZIP	<b>HOLLYWOOD FL 33019</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

*Laurier Belanger*

**2-22-2001 954-921-4036**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**LAURIER BELANGER**

CR2E034 (10/00)