

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

**FILED**  
**Apr 18, 2005 8:00 am**  
**Secretary of State**

04-18-2005 90570 011 \*\*\*\*61.25

DOCUMENT # W95000003590

1. Entity Name ASSEMBLER CROSTIENNE



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
1014 E. Yukon St

3. Mailing Address  
SAME

Suite, Apt. #, etc.  
Tampa, Fl.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3334301

Applied For  
Not Applicable

Zip  
33604

Country  
USA

Zip

Country

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

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20036569

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IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

Name VIOLA CANGE

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

5210 E. Holland ST.

City

TAMPA

FL

Zip Code  
33617

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FEE IS \$61.25  
Initial or Amended UBR**

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 PD  
NAME JEAN EMMANUEL REVOLUS  
STREET ADDRESS 1812 E. Brust Ave. Tampa, Fl. 33612  
CITY-ST-ZIP

TITLE SD  
NAME Viola Cange  
STREET ADDRESS 5210 E. Holland St., Tampa, Fl  
CITY-ST-ZIP 33617

TITLE TD  
NAME Sony Saint-Jean  
STREET ADDRESS 4712 Barrett Cr  
CITY-ST-ZIP Tampa, Fl. 33617

TITLE D  
NAME Jean Eugene  
STREET ADDRESS 11314 Summer Ct. #D  
CITY-ST-ZIP Tampa, Fl. 33612

TITLE MD  
NAME Florence Revolus  
STREET ADDRESS 1812 Brust Ave. Tpa, Fl. 33612  
CITY-ST-ZIP

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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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Viola Cange* VIOLA CANGE

4/15/05 (813)985-3729

CR2E037B (12/02)