2002 Uniform Business Report (UBR)

KOWSHAN ARA SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mar 26, 2002 8:00 am **Secretary of State** DOCUMENT # P01000050657 1. Entity Name 03-26-2002 90002 021 ***150.00 THE CRESENT ENTERPRISES, INC. Principal Place of Business Mailing Address 3680 SW 61ST AVE STE #4 3680 SW 61\$T AVE STE #4 DAVIE FL 33314 DAVIE FL 33314 2. Principal Place of Business 3. Mailing Address 3680 SW 61 St. AVE Sw Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. 4. FEI Number Applied For Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ARA, ROWSHAN Street Address (P.O. Box Number is Not Acceptable) 3680 SW 61ST AVE STE #4 DAVIE FL 33314 City Zip Code 8. The above pamed 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 FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. (9/01) TITLE Addition TITLE □ Delete ARA, ROWSHAN NAME. NAME CR2E034 STREET ADDRESS 3680 SW 61ST AVE STE #4 STREET ADDRESS CITY-ST-ZIP **DAVIE FL 33314** CITY-ST-ZIP Addition TITLE D۷ ☐ Delete TITLE Change HOSSAIN, MD M NAME NAME STREET ADDRESS STREET ADDRESS 3680 SW 61ST AVE STE #4 CITY-ST-ZIP **DAVIE FL 33314** CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP" TITLE Change ■ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

FILED

Date