Daytime Phone #

2001 UNIFORM BUSINESS REPORT (UBR)

FILED Jan 31, 2001 8:00 am Secretary of State DOCUMENT # P93000071571 CRYSTAL ART OF FLORIDA, INC. 01-31-2001 90189 044 ***150.00 Principal Place of Business Mailing Address 725 SOUTH EAST 9TH COURT 725 SOUTH EAST 9TH COURT HIALEAH FL 33010 HIALEAH FL 33010 HS 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0443209 Not Applicable Zip Country Zip Country \$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 - Name -- --MALM, MIKE Street Address (P.O. Box Number is Not Acceptable) 725 SE 9 COURT HIALEAH FL 33010 Zip Code FL 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) FILE NOW!!!-FEE IS \$150.00 9. -This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 DVP TITLE ☐ Delete TITLE Change ☐ Addition GREENBERG, RANDY NAME NAME STREET ADDRESS 3359 E. 50TH ST. STREET ADDRESS CITY-ST-7iP CITY-ST-ZIP **VERNON CA 90058** TITLE ☐ Delete TITLE ☐ Change Addition NAME **BOCK, GEORGE** NAME STREET ADDRESS **725 SE 9 COURT** STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HIALEAH FL 33010 TITLE ☐ Defete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition 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 TITLE ☐ Delete ☐ Addition TITLE ☐ Change NAME NAME STREET ADDRESS 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR