2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2000 8:00 am
Secretary of State
05-05-2000 90047 042 ***150.00

DOCUMENT # P95000080139

1. Entity Name

CROUTHAMEL DESIGN, INC.

Principal Place of Business	Mailing Address
509 CAMDEN AVE STUART FL 34994 US	509 CAMDEN AVE STUART FL 34994-2921 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
		311 CADIMA AVENUE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State: CORAL GABLES, FL	
Zip	Country	Zip: 33134	Country: USA

4. FEI Number 65-0623538 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CROUTHAMEL, PAULA
~~485 SE ST LUCIE BLVD~~
~~STUART FL 34996~~
311 CADIMA AVE
CORAL GABLES, FL
33134

7. Name and Address of New Registered Agent

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 address only

SIGNATURE [signature] 4-24-00
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, 2000 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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	DPT	☐ Delete	TITLE		☒ Change ☐ Addition
NAME	CROUTHAMEL, PAULA S		NAME		
STREET ADDRESS	~~485 SE ST LUCIE BLVD~~		STREET ADDRESS	311 CADIMA AVENUE	
CITY-ST-ZIP	~~STUART FL~~		CITY-ST-ZIP	CORAL GABLES, FL 33134	
TITLE	DS	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	MALONEY, ANN		NAME		
STREET ADDRESS	108 E. 37TH ST.		STREET ADDRESS		
CITY-ST-ZIP	NEW YORK NY 10016		CITY-ST-ZIP		
TITLE		☐ 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	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		

CR2E034 (9/99)

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] PRESIDENT 4-24-00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #