## 2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

1. Entity Nam	MENT # 4920 CITY CRATE COMPANY						Secreta 02-01-2002	ry o	f Sta	ate
Principal Plac 300 N. KROM BUILDING 5 FLORIDA CITY US	E AVE.	P.O	Mailing Address P.O. BOX 343426 FLORIDA CITY FL 33034 US							
2. Principal P	lace of Business	3. M	3. Mailing Address				( 100114 B1050 10110 (100) 10101 110			JESŲ BIELI 1660
Suite, Apt.	#, etc.	Su	Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE			
City & Stat	e	Cit	City & State			<b>4.</b> F	59-1641280		<del></del>	oplied For ot Applicable
Zip	Country		Zip Coun		ntry	5. Certificate of Status Desired			8.75 Add ee Require	
	6. Name and Address of Cur	rent Registe	red Agent			7. N	lame and Address of New Ro	egistered A	gent	
					Name		. ~			
HANSON, CARL 48 N.E. 15TH STREET					Street Address (P.O. Box Number is Not Acceptable)					
HUMESTE	EAD FL 33030			City		u aveci.	FL	Zip Code	э	
8. The above	named entity submits this statement	ent for the pu	pose of changing its	register	ed office or regi	stered ag	ent, or both, in the State of Flo	rida.		
SIGNATURE .	Signature, typed or printed name of registered	agent and title if a	pplicable. (NOT	E: Registere	ed Agent signature req	uired when re	instating)	DATE		
Tax filing i	oration is eligible to satisfy its Intan requirement and elects to do so. ria on back)	_	FILE NOW!!! FEE !! After May 1, 2002 Fee w Make Check Payable to Dep				10. Election Campaign Fin. Trust Fund Contribution			0 May Be to Fees
11.	OFFICERS	AND DIRECT	ORS	12.		AD	DITIONS/CHANGES TO OFFI	CERS AND	DIRECTORS	3 IN 11
TITLE NAME STREET ADDRESS QUTY-ST-ZIP	PD DELLI-VENERI, LARRY 19401 S.W. 307TH ST. HOMESTEAD FL		☐ Delete		l l				☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD DELLI-VENERI, LARRY, JR. 27825 SW 168TH CT HOMESTEAD FL		☐ Delete						Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	-		☐ Delete		l l			·	☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete		l l				☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete		l l				☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			□ Delete						☐ Change	Addition .
indicated of the cor	certify that the information supplied on this report or supplemental reproration or the receiver or trustee , or on an attachment with an addr	oort is true an empowered t	d accurate and that r	my signa : as regu	iture shall have t	he same !	legal effect as if made under c	eath: that I a	m an officer	or director