

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 702723

1. Entity Name

CRYSTAL COURT NO. 1, INC.

Principal Place of Business

2514 HAYES STREET. APT. 4
HOLLYWOOD FL 33020

Mailing Address

2514 HAYES STREET. APT. 4
HOLLYWOOD FL 33020-3463

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-1161591

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MILLER, WALTER E.
2514 HAYES ST. #4
HOLLYWOOD FL 33020

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	LEVAY, ANTON	
STREET ADDRESS	2516 HAYES ST.	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MALEC, DOROTHY	
STREET ADDRESS	2514 HAYES STR, APT 2	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE	ST	<input type="checkbox"/> Delete
NAME	GRIMALDI, ETHEL	
STREET ADDRESS	2514 HAYES ST.	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	MILER, IONA	
STREET ADDRESS	2514 HAYES ST.	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	WILLIAMS, JOHN	
STREET ADDRESS	2514 HAYES STREET	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	KOHL, PETER	
STREET ADDRESS	2516 HAYES ST.	
CITY-ST-ZIP	HOLLYWOOD FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	IONA Miller	
STREET ADDRESS	2514 Hayes ST APT #4	
CITY-ST-ZIP	Hollywood FL 33020	
TITLE	V	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Dorothy Malec	
STREET ADDRESS	2514 Hayes APT #2	
CITY-ST-ZIP	Hollywood FL 33020	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Anton Levay	
STREET ADDRESS	2516 Hayes ST apt. 9	
CITY-ST-ZIP	Hollywood FL 33020	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 Block 11 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

Sect/Tres

Date

Daytime Phone #

FILED
Jan 28, 2000 8:00 am
Secretary of State

01-28-2000 90204 029 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)