

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 26, 2001 8:00 am**  
**Secretary of State**

0090250

**DOCUMENT # F17477**

1. Entity Name  
**CREVILL, INC.**

03-26-2001 90148 017 \*\*\*150.00

Principal Place of Business      Mailing Address  
**209 W 21 ST.**      **209 W 21 ST.**  
**HIALEAH FL 33010**      **HIALEAH FL 33010**

2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

4. FEI Number **59-2068861**      Applied For  
 Not Applicable

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



DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**SEMPERE, MIGUEL A**  
**209 W 21 ST.**  
**HIALEAH FL 33010**

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 \_\_\_\_\_ (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, 2001 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       Delete  
 NAME **DP**  
**SEMPERE, MIGUEL A**  
 STREET ADDRESS **209 WEST 21 STREET**  
 CITY-ST-ZIP **HIALEAH FL**

TITLE       Change       Addition

TITLE       Delete  
 NAME **DS**  
**SEMPERE, MERCEDES O**  
 STREET ADDRESS **209 WEST 21 STREET**  
 CITY-ST-ZIP **HIALEAH FL**

TITLE       Change       Addition

TITLE       Delete

TITLE **V/D**       Change       Addition  
 NAME **JAI ME F. SEMPERR**  
 STREET ADDRESS **209 WEST 21 STREET**  
 CITY-ST-ZIP **HIALEAH, FL**

TITLE       Delete

TITLE       Change       Addition

TITLE       Delete

TITLE       Change       Addition

TITLE       Delete

TITLE       Change       Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 my address, with all other like empowered.

SIGNATURE: MIGUEL A. SEMPERR      **MIGUEL A. SEMPERR**      **3/23/01**      **(305) 888-4002**  
 \_\_\_\_\_      PRESIDENT      Date      Daytime Phone #

CR2E034 (10/00)