## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED **DOCUMENT # F82474** Apr 27, 2000 8:00 am 1. Entity Name Secretary of State ED'S CRYSTAL ELECTRIC, INC. 04-27-2000 90016 016 \*\*\*150.00 Principal Place of Business Mailing Address 460 N.W. 112TH TERRACE 460 N.W. 112TH TERRACE MIAMI FL 33021-3942 MIAMI FL 33168 3. Mailing Address 2. Principal Place of Business 5204 Roosevelt St Roosevelt 5204 Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State Holly Wood Applied For 4. FEI Number 59-2196089 Holluwood Not Applicable \$8.75 Additional Country 5. Certificate of Status Desired 330A Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name WUJCIAK, EDWIN J. (RO. Box Number is Not Acceptable) 460 NW 112 TERR **MIAMI FL 33168** 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 DATE 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 After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Addition ☐ Delete TITLE TITLE WUJCIAK, EDWIN-J NAME NAME 5204 ROOSEVELT STREET ADDRESS 460 NW 112 TERRACE STREET ADDRESS CITY-ST-ZIP 33021 Hollnwood CITY-ST-ZIP MIAMI FL ST TITLE □ Delete TITLE NAME WUJCIAK, ALICE NAME 5204 ROOSEVELT ST. STREET ADDRESS STREET ADDRESS 460 NW 112 TERRACE Hollywood CITY-ST-ZIP CITY-ST-ZIP MIAMI FL TITLE Change Addition ☐ Delete TITHE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IF Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.