

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G19008

1. Entity Name

CRESAIR, INC.

FILED
SECRETARY OF STATE
AMENDALIA REED
TALLAHASSEE, FLORIDA

01-AUG-31 PM 3:02

Principal Place of Business

7501 PEMBROKE ROAD
PEMBROKE PINES FL 33023
US

Mailing Address

7501 PEMBROKE ROAD
PEMBROKE PINES FL 33023
US

2. Principal Place of Business

3. Mailing Address



DO NOT WRITE IN THIS SPACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2265054

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~SIPLE, MARK~~
~~7501 PEMBROKE ROAD~~
~~PEMBROKE PINES FL 33023~~

Name

STEPHEN SATZ

Street Address (P.O. Box Number is Not Acceptable)

616 OCEAN BLVD.

City

GOLDEN BEACH

FL

Zip Code

33160

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]

STEPHEN M. SATZ

4/30/01

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, 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

TITLE ~~VP~~ ☐ Delete
NAME ~~SIPLE, MARK~~ STAYS AS
STREET ADDRESS ~~1940 N. W. 161ST AVE~~ IS
CITY-ST-ZIP ~~PEMBROKE PINES FL 33028~~

TITLE ~~PST~~ ☒ Delete
NAME ~~AVETANI, JOE~~
STREET ADDRESS ~~2400 LINCOLN AVE~~
CITY-ST-ZIP ~~COCONUT GROVE FL 33133~~

TITLE ~~VP~~ ☐ Delete
NAME ~~SATZ, STEPHEN~~ TO BE INCLUDED
STREET ADDRESS ~~616 OCEAN BLVD~~ AGAIN
CITY-ST-ZIP ~~GOLDEN BEACH FL 33160~~ EFFECTIVE 8/12/01

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 200004583472--6
CITY-ST-ZIP -09/11/01--01080--017
*****61.25 *****61.25
☐ Change ☐ Addition

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
SP

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]

4/30/01

0106797

CRP0034 (10/00)