2000 UNIFORM BUSINESS REPORT (UBR) **FILED** Mar 20, 2000 8:00 am Secretary of State **DOCUMENT # J25565** CRYSTAL WATERS DEVELOPMENT CORP. 03-20-2000 90140 027 ***150.00 Principal Place of Business Mailing Address C/O GERALD M. CHANIN C/O GERALD M. CHANIN 211 E. 70TH ST. 211 E. 70TH ST. NEW YORK NY 10021 NEW YORK NY 10021-5205 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 Applied For 59-2700003 Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name **VOGLER II. EDWARD** Street Address (P.O. Box Number is Not Acceptable) 802 11TH ST. W. **BRADENTON FL 34205** City Zip Code FL 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 \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 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. DP Addition Change TITLE ☐ Delete TITLE CHANIN, GERALD M. NAME STREET ADDRESS STREET ADDRESS 211 E 70TH ST CITY-ST-ZIP CITY-ST-ZIP **NEW YORK NY** ☐ Change Addition TITI F ☐ Delete TITLE CHANIN, PATRICIA A. NAME STREET ADDRESS STREET ADDRESS 211 E 70TH ST CITY-ST-7iP CITY-ST-ZIP **NEW YORK NY** Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ 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)(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

TITLE

NAME

TITLE

NAME

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

☐ Delete

☐ Delete

TITLE

NAME

TITLE

NAME STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

Change

Addition