

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****May 11, 2001 8:00 am**
Secretary of State

05-11-2001 90071 019 ***150.00

DOCUMENT # K33966

1. Entity Name

THE CREW NETWORK, INC.

Principal Place of Business

Mailing Address

~~1053 SE 17TH ST~~
~~FT LAUDERDALE FL 33316~~~~1053 SE 17TH ST~~
~~FT LAUDERDALE FL 33316~~

2. Principal Place of Business

1053 SE 17th Street

3. Mailing Address

1053 SE 17th Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

FT Lauderdale FL

City & State

FT Lauderdale FL

Zip

33316

Country

USA

Zip

33316

Country

USA4. FEI Number **65-0078557**

Applied For

Not Applicable

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

TREASE, NORMA
1053 SE 17TH ST
FT LAUDERDALE FL 33316

Name

SALUSSOLIA, PIERO

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

1548 BRICKELL AVE.

City

MIAMI

FL

Zip Code

33129-1210

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

PIERO SALUSSOLIA

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

(NOTE: Registered Agent signature required when reinstating)

DATE

04/26/019. 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 State10. 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	D	<input checked="" type="checkbox"/> Delete
NAME	TREASE, NORMA	
STREET ADDRESS	1053 SE 17TH ST	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Michael Reardon	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DPTS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REARDON, MICHAEL	
STREET ADDRESS	1053 SE 17TH ST	
CITY-ST-ZIP	FT LAUDERDAL, FL 33316	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AGLIARDI, CARLO	
STREET ADDRESS	1054 SE 17TH ST	
CITY-ST-ZIP	FT LAUDERDALE, FL 33316	
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		

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/01

Date

954-463-0640

Daytime Phone #

CR2E034 (10/00)