

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000002884

1. Entity Name
CRYSTAL PALACE, L.C.

FILED

01 APR 27 PM 2:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

3229 JOHNSON STREET
HOLLYWOOD FL 33021

Mailing Address

3229 JOHNSON STREET
HOLLYWOOD FL 33021

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

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SUGAR, EDMOND L ESQUIRE
5741 SHERIDAN STREET
HOLLYWOOD FL 33021

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE *Manager* ☐ Delete
NAME *Antal Bajkai*
STREET ADDRESS *3229 Johnson St*
CITY-ST-ZIP *Hollywood FL 33021*

TITLE *800004211618-08* ☐ Change ☐ Addition
NAME *-05/11/01-01071-006*
STREET ADDRESS ******50.00 *****50.00*
CITY-ST-ZIP

TITLE *Manager* ☐ Delete
NAME *D'EPAD LOVA'82*
STREET ADDRESS *Borsika utca 24*
CITY-ST-ZIP *Budapest Hungary 1106*

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *Antal Bajkai* **RECEIVED REQUIRED**

04/21/01 (305) 335-3845

CR2E083 (11/00)