## 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # L0000007319



## FILED Mar 18, 2003 8:00 am Secretary of State

CRYSTAL	. CLEAR USA, L.C.				03-18-2003 901	150 035 ****50	.00
710 SE 5TH A POMPANO BE	ce of Business IVENUE ACH FL 33060	Mailing Address 2160 NW 67 CT FT LAUDERDALE FL 33309					
U\$							(818-181) (88)
2. Principal Place of Business		3. Mailing Address	3. Mailing Address 710 SE 5TH AVENUE				
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.	PURIOU		CHECK HERE IF I	MAKING CHANGES	
City & State		City & State	POMPANO BEACH FLORIDA		mber <b>65-1018258</b>	1018258 Applied For Not Applicable	
Zíp	- Country	33060	Country		cate of Status Desired	\$5.00 Ad	ditional
	6. Name and Address of Curr		US FI	7. Name	and Address of New Regi		<del>,</del> 0
FELDENKRAIS, MICHAEL ESQ				•			
FEL	DENKRAIS & ASSOCIATES PA		Street Address		(P.O. Box Number is Not Acceptable)		
290 NW 165 ST PLAZA 100 MIAMI FL 33169				, ,			
			City			FL Zip Coo	le .
8. The above	named entity submits this statemer tions of registered agent.	nt for the purpose of changing its re	egistered office or	registered agent, or	both, in the State of Florida	a. I am familiar with,	and accept
SIGNATURE	tions of registered agent.						
	Signature, typed or printed name of registered ag	gent and title if applicable. (NOTE:	Registered Agent signatu	re required when reinstating		DATE	
	يوسفور پر وارده است ساروچ	Make Check Payable	W!!! FEE IS \$! to Florida Dep By May 1, 2003	artment of State			
9.	MANAGING MEMBERS/MANAGERS 10.			ADDITIONS/CHANGES			
TITLE NAME STREET ADDRESS	MGRM Baybutt, Martin R 2160 NW 67 CT	☐ Delete	NAME STREET ADDRESS	MGRM BAYBUTTI 710 SE	MARTIN R.	<b>⊿</b> Change	Addition
CITY-ST-ZIP	FT LAUDERDALE FL 33309	····	CITY-ST-ZIP	POMPANO B	EACH, FLORIDA	33060 U	
NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition (
TITLE NAME STREET ADDRESS_		☐ Delete	TITLE NAME - STREET ADDRESS-			☐ Change	Addition
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TITLE NAME	V	☐ Delete	TITLE NAME			☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS				1
C111-31-21F			CITY-ST-ZIP				}

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 requirer or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: