2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2001 08:00 AM
Secretary of State

DOCUMENT # **L00000007711**

1. Entity Name
CRB HOLDINGS, LLC

Principal Place of Business	Mailing Address
777 BRICKELL AVE SUITE 500 MIAMI FL 33131	C/O STEVEN L. CANTOR, P.A. 777 BRICKELL AVE SUITE 500 MIAMI FL 33131

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1001 BRICKELL BAY DRIVE	C/O STEVEN L. CANTOR, P.A.
Suite, Apt. #, etc. SUITE 2908	Suite, Apt. #, etc. 1001 BRICKELL BAY DRIVE, SUITE 2908
City & State MIAMI FL	City & State MIAMI FL
Zip / Country 33131	Zip / Country 33131

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

CANTOR STEVEN L
777 BRICKELL AVE
SUITE 500
MIAMI FL
33131

7. Name and Address of New Registered Agent

Name
SLC CORPORATE SERVICES, INC.

Street Address (P.O. Box Number is Not Acceptable)
1001 BRICKELL BAY DRIVE
SUITE 2908

City MIAMI **FL** Zip Code 33131

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 **STEVEN L. CANTOR** **05/01/2001**
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 / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RODGERS HERBERT B 1001 BRICKELL BAY DRIVE, SUITE 2908 MIAMI FL 33131	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HUGHES RUSSELL 1001 BRICKELL BAY DRIVE, SUITE 2908 MIAMI FL 33131	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HUGHES CLIFTON DIRECTO 1001 BRICKELL BAY DRIVE - SUITE 2908 MIAMI FL 33131	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E083 (11/00)

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: Clifton Hughes MGR 05/01/2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #