

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 07, 2002 8:00 am
Secretary of State

03-07-2002 90040 016 ****50.00

DOCUMENT # L00000007711

1. Entity Name
CRB HOLDINGS, LLC

Principal Place of Business

1001 BRICKELL BAY DRIVE
SUITE 2908
MIAMI FL 33131

Mailing Address

C/O STEVEN L. CANTOR, P.A.
1001 BRICKELL BAY DRIVE, SUITE 2908
MIAMI FL 33131

2. Principal Place of Business

1001 Brickell Bay Dr.
Suite, Apt. #, etc.
Suite 2908

3. Mailing Address

1001 Brickell Bay Dr.
Suite, Apt. #, etc.
Suite 2908

City & State
Miami, FL

City & State
Miami, FL

4. FEI Number **NOT APPLICABLE**

Applied For
Not Applicable

Zip **33131** **Country** **U.S.A.**

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5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

SLC CORPORATE SERVICES, INC.
1001 BRICKELL BAY DRIVE
SUITE 2908
MIAMI FL 33131

7. Name and Address of New Registered Agent

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
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HUGHES, CLIFTON DIRECTO 1001 BRICKELL BAY DRIVE - SUITE 2908 MIAMI FL 33131	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HUGHES, RUSSELL 1001 BRICKELL BAY DRIVE, SUITE 2908 MIAMI FL 33131	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RODGERS, HERBERT B 1001 BRICKELL BAY DRIVE, SUITE 2908 MIAMI FL 33131	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Hughes, Clifton Directo 1001 Brickell Bay Dr., Ste. 2908 Miami, FL 33131	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Hughes, Russel 1001 Brickell Bay Dr., Ste. 2908 Miami, FL 33131	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Rodgers, Herbert B 1001 Brickell Bay Dr., Ste. 2908 Miami, FL 33131	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4th FEBRUARY 2002

Date **Daytime Phone #**

CR2E083 (9/01)