

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L97000001092

1. Entity Name

JAMES CRYSTAL ENTERPRISES, L.C.

FILED

01 JUN 22 AM 11:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

2406 S. CONGRESS AVE.
WEST PALM BEACH FL 33406

Mailing Address

4401 SOUTH OCEAN BLVD., STE. 7
HIGHLAND BEACH FL 33487

2. Principal Place of Business

3. Mailing Address

7 Ocean Place

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Highland Beach, FL

Zip

Country

Zip

33487

Country

USA

4. FEI Number

65-0787152

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

HILLIARD, JAMES

4401 SOUTH OCEAN BLVD

#7

HIGHLAND BEACH FL 33406

Name

Hilliard, James

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

7 Ocean Place

City

Highland Beach

FL

Zip Code

33487

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

800004163678-8

05/08/01-01148-001

*****650.00 *****50.00

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
HILLIARD, JAMES C
4401 SOUTH OCEAN BLVD., #7
HIGHLAND BEACH FL 33487 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
Hilliard, James C.
7 Ocean Place
Highland Beach, FL 33487 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

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

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

Date

Daytime Phone #

CR2E083 (11/00)