

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M13073

1. Entity Name

CRYSTAL VISION STUDIOS, INC.

**FILED**  
**Jan 31, 2000 8:00 am**  
**Secretary of State**

01-31-2000 90101 004 \*\*\*150.00

Principal Place of Business

Mailing Address

736 NE 3RD AVE  
800 NW 62 STREET, SUITE 111  
FORT LAUDERDALE FL 33304  
US

% STEVEN E. COHEN  
800 NW 62 STREET, SUITE 200  
FT. LAUDERDALE FL 33309-2056



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

CRYSTAL Vision Studios INC.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1400 N.E. 4th AVE.

City & State

City & State

FT. LAUDERDALE, FLA.

4. FEI Number

59-2508627

Applied For

Not Applicable

Zip

Country

Zip

Country

33304

U.S.A.

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

COHEN, STEVEN E.  
800 N.W. 62ND ST., SUITE 200  
FT. LAUDERDALE FL

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

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back)



**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution.

☐

**\$5.00** May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD  
NAME STRANG, THOMAS  
STREET ADDRESS 4273 S.W.21 ST.  
CITY-ST-ZIP FT. LAUDERDALE FL

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

13. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

THOMAS M. STRANG

Date

Daytime Phone #

1/25/00

954 764 0469