

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N39898

1. Entity Name

CREW-MIAMI, INC.

FILED
Mar 21, 2000 8:00 am
Secretary of State

03-21-2000 90047 028 ****61.25



DO NOT WRITE IN THIS SPACE

Principal Place of Business 8181 NW 14TH ST STE 300 MIAMI FL 33126 US	Mailing Address ADLER FIRST COMMERCIAL 1400 NW 107TH AVENUE MIAMI FL 33172-2746 US
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2. Principal Place of Business 1400 N.W. 107 Avenue	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State Miami, Florida	City & State
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Zip 33172	Country Miami-Dade	Zip	Country
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4. FEI Number 65-0220883	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent ADLER, LINDA K %ADLER GROUP INC 1400 NW 107TH AVENUE MIAMI FL 33172

7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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
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FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP GARCIA, MADELAYNE 1200 BRICKELL AVE- STE 1500 MIAMI FL 33131 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV ENOS, JENNIFER 10145 NW 19 ST MIAMI FL 33175 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT SOMOZA, MARIA 1200 BRICKELL AVE- 4TH FLR MIAMI FL 33131 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS AGON, MARIA 777 BRICKELL AVE- STE 1000 MIAMI FL 33133 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/S JOY MCKENNA 104 CRADON BLVD STE 300 KEY BISCAYNE FL 33049 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/P Stehman, Cynthia 701 Brickell Avenue, Ste. 1200 Miami, FL 33131 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/V Williamson, Julie 2 South Biscayne Blvd, Ste. 3400 Miami, FL 33131-1897 <input type="checkbox"/> Change <input checked="" 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	D/S Soman, Joann 8181 N.W. 14 Street, Ste. 300 Miami, FL 33126 <input type="checkbox"/> Change <input checked="" 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

12. 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, trustee, or person empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 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 CYNTHIA J. STEHMAN	3/14/00 305/374-6894 Daytime Phone #
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CR2E037 (9/99)