

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 12, 2003 8:00 am
Secretary of State

03-12-2003 90138 014 ****61.25

DOCUMENT # N39898

1. Entity Name
CREW-MIAMI, INC.



Principal Place of Business
**1400 N.W. 107 AVENUE
MIAMI FL 33172
US**

Mailing Address
**ADLER FIRST COMMERCIAL
1400 NW 107TH AVENUE
MIAMI FL 33172
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0220883**

Applied For

Not Applicable

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

**ADLER, LINDA K
%ADLER GROUP INC
1400 NW 107TH AVENUE
MIAMI FL 33172**

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. I am familiar with, and accept the obligations of registered agent.

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 \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DS	<input checked="" type="checkbox"/> Delete
NAME	HARKNESS, KAREN	
STREET ADDRESS	100 SE 2ND ST STE., #3500	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE	DT	<input checked="" type="checkbox"/> Delete
NAME	ALEXANDER, CAROL	
STREET ADDRESS	11375 SW 112 CIR LANE	
CITY-ST-ZIP	MIAMI FL 33176	
TITLE	DP	<input checked="" type="checkbox"/> Delete
NAME	BARE, YOUNG	
STREET ADDRESS	1200 BRICKELL AVE., #650	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D/P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Smith, Pamela	
STREET ADDRESS	2701 Ponce de Leon Blvd, Ste 200	
CITY-ST-ZIP	Coral Gables, FL 33134	
TITLE	DT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	McKenna, Joy	
STREET ADDRESS	104 Crandon Blvd, Ste 409	
CITY-ST-ZIP	Key Biscayne, FL 33149	
TITLE	D/VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Blanco, Grace	
STREET ADDRESS	2701 Ponce de Leon Blvd, Ste 200	
CITY-ST-ZIP	Coral Gables, FL 33134	
TITLE	D/S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Cumins, Susan	
STREET ADDRESS	3512 Ponce de Leon Blvd.	
CITY-ST-ZIP	Coral Gables, FL 33134	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 or trustee 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 REQUIRED

3/9/03

(305) 361-2555

CR2E037 (10/02)