

2000 UNIFORM BUSINESS REPORT (UBR)**FILED**
May 30, 2000 8:00 am
Secretary of State

05-30-2000 90122 049 ****61.25

DOCUMENT # N98000001724

1. Entity Name

CREW CARIBE, INC.

Principal Place of Business

Mailing Address

**17505 SW 31ST CT.
MIRAMAR FL 33029****17505 SW 31ST CT.
MIRAMAR FL 33029-5587**

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

NOT APPLICABLE

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

**JOHNSON, E. ALVIN
17505 SW 31ST CT.
MIRAMAR FL 33029**

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 \$61.25**9. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
<input type="checkbox"/> Delete	D	WILLIS, SHERYLANN	6861 NW 24TH ST. SUNRISE FL 33313	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Delete	D	JOHNSON, E. ALVIN	17505 SW 31ST CT. MIRAMAR FL 33029	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Delete	D	MULLINGS, KIM	6861 NW 24TH ST. SUNRISE FL 33313	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Delete	D	JOHNSON, GAIL	17505 SW 31ST CT. MIRAMAR FL 33029	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Delete	D	WILLIS, TEDD	6861 NW 24TH ST. SUNRISE FL 33313	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Delete	D	JAMES, LANCE	1030 SW 50TH AVE. MARGATE FL 33068	<input type="checkbox"/>	<input type="checkbox"/>

CR2E037 (9/99)

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**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #