

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****Mar 16, 2000 8:00 am**
Secretary of State

03-16-2000 90078 007 ***150.00

DOCUMENT # P00000000284

1. Entity Name

CRESPO'S, INC.

Principal Place of Business

**1401 VILLAGE BLVD., APT. 2118
WEST PALM BEACH FL 33409**

Mailing Address

**1401 VILLAGE BLVD., APT. 2118
WEST PALM BEACH FL 33409**

2. Principal Place of Business

**524 INDEPENDENCE RD
Suite, Apt. #, etc.**

3. Mailing Address

**524 INDEPENDENCE RD
Suite, Apt. #, etc.**

DO NOT WRITE IN THIS SPACE

City & State **West Palm Beach, FL**
Zip **33405** **Country** **US**4. FEI Number **65-0971352**Applied For
Not Applicable5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**CRESPO, LUIS
1401 VILLAGE BLVD., APT. 2118
WEST PALM BEACH FL 33409**

7. Name and Address of New Registered Agent

Name

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

**524 INDEPENDENCE RD
West Palm Beach FL 33405**

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

TITLE **D** ☐ Delete
NAME **CRESPO, LUIS**
STREET ADDRESS **1401 VILLAGE BLVD., APT. 2118**
CITY-ST-ZIP **WEST PALM BEACH FL 33409****TITLE** ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D, P** ☒ Change ☐ Addition
NAME
STREET ADDRESS **524 INDEPENDENCE RD**
CITY-ST-ZIP **WEST PALM BEACH FL 33405****TITLE** **D, VP** ☐ Change ☒ Addition
NAME **CRESPO, GABRIEL**
STREET ADDRESS **524 INDEPENDENCE RD**
CITY-ST-ZIP **WEST PALM BEACH, FL 33405****TITLE** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

Date

Daytime Phone #

2-3-00 (561) 714-7101