

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 09, 2003 8:00 am
Secretary of State

01-09-2003 90118 033 ***150.00

DOCUMENT # P00000000284

1. Entity Name
CRESPO'S, INC.



Principal Place of Business
**524 DEPENDENCE RD
WEST PALM BEACH FL 33405
US**

Mailing Address
**524 DEPENDENCE RD
WEST PALM BEACH FL 33405
US**

90003710



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0971352**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**CRESPO, LUIS
524 INDEPENDENCE RD
WEST PALM BEACH FL 33405**

7. Name and Address of New Registered Agent

Name **Gabriel Crespo**
Street Address (P.O. Box Number is Not Acceptable)
524 Independence Rd.
City **W. Palm Beach** FL Zip Code **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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Gabriel Crespo** **Gabriel Crespo, President**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE **1-5-03**

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **DP** ☒ Delete
NAME **CRESPO, LUIS**
STREET ADDRESS **524 INDEPENDENCE RD**
CITY-ST-ZIP **WEST PALM BEACH FL 33405**

TITLE **DVP** ☐ Delete
NAME **CRESPO, GABRIEL**
STREET ADDRESS **524 INDEPENDENCE RD**
CITY-ST-ZIP **WEST PALM BEACH FL 33405**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **PRESIDENT** ☒ Change ☐ Addition
NAME **Gabriel Crespo**
STREET ADDRESS **524 Independence Rd.**
CITY-ST-ZIP **W. Palm Beach FL 33405**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 607, 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

Date

Daytime Phone #

Gabriel Crespo **Gabriel Crespo President 1/5/03**

(661) 493-1400

CR2E034 (10/02)