2002 Uniform Business Report (UBR)

SIGNATURE:

1. Entity Nam		# P(JUUUL	1002540				Se	creta	ary o	t Sta	te	
CRUNCH	EESE, IN	IC.						0.	3-14-2002	90087 03	0 ***150.	00	
Principal Plac 3901 SOUTH SUITE 6N HOLLYWOOD	OCEAN DRIV			Mailing Address 3901 SOUTH OCEAN DRI SUITE 6N HOLLYWOOD FL 33019	1901 SOUTH OCEAN DRIVE SUITE 6N								
2. Principal P				3. Mailing Address		. 00	,		,				
/600 S. OCEAN ON Suite, Apt. #, etc. APT. 6H				Suite, Apt. #, etc					DO NOT WR	ITE IN THIS	SPACE		
City & State				Gity & State (C1)				4: FEI Number 65-0972965 Applied For					
Hollywood &L Zip Country 330,19 USA				140114N000)	F L	5. Certificate of Status Desired				Not Applicable \$8.75 Additional			
33 <u>0</u>	19				اعتد	J.S.A.					Fee Require		- -
	6. Name	and Address	Current He	gistered Agent		Name	7.	Name and Add	ess of New	Registered	Agent		1
KEŠSLER, ANDREW PA						Street Address (P.O. Box Number is Not Acceptable)							+
3111 STIRLING RD STE C-303								** .					\dashv
FORT LAUDERDALE FL 33312					City				FL	Zip Cod	<u>.</u>	1	
8. The above	named entit	y submits this s	tetement for the	ne purpose of changing its	register	ed office o	r registered ac	gent, or both, in	the State of F		<u>-</u> 1		-
	1	1//	/		•					261	' ~		
SIGNATURE.	Signature, typed	or prifed name of re	gistered agent and	title if applicable. (NOT	E: Registere	d Agent signat	ure required when r	einstating)		3/3/0	52		
9. This corpo	oration is eliq	ible to satisfy its	Intangible	FILE NOW	!!! FEE	IS \$150.	00	T					1
 This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) 				After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of Sta			550.00	1	Campaign F nd Contributi			0 May Be to Fees	
	na on back)	OFFI	ERS AND DI	ł		epartmen		DDITIONS/CHA	NOTO TO OF	CICEDS AND	NUBECTOR	C INI 11	1
11	PSTD	OFFIC	Delete	12. TITL	 E	777					Addition	18	
NAME	PALEIAS, ANDREW C					E.	PRLEIF	OCEAN L	EW C.	ro # 6H	/		3
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indicated of the cor	on this repor poration or th	rt or supplemen ne receiver or tr	tal report is tri ustee empow	is filing does not qualify fo ue and accurate and that r ered to execute this report h all other like empowered	ny signa as requi	ture shall h	ave the same	legal effect as i	made under	roath; that I a	am an officer	or director	

AND TYPE OF FRINTED NAME OF SIGNING OFFICER OR DIRECTOR