

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000029217

1. Entity Name

CRUSARDI & ASSOCIATES, INC.

FILED
Apr 13, 2001 8:00 am
Secretary of State

04-13-2001 90062 040 ***150.00

0155310

Principal Place of Business

100 N. BISCAYNE BLVD., SUITE 2600
MIAMI FL 33132

Mailing Address

100 N. BISCAYNE BLVD., SUITE 2600
MIAMI FL 33132

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-1000856

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HERNANDEZ, AIDA E
100 N. BISCAYNE BLVD., SUITE 2600
MIAMI FL 33132

7. Name and Address of New Registered Agent

Name

DAVID J. HART

Street Address (P.O. Box Numbers Not Acceptable)

100 N. BISCAYNE Blvd #2600

City

MIAMI

FL

Zip Code
33132

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

David J. Hart

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

04/09/01

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, 2001 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
NAME SARDI, ANDRES
STREET ADDRESS 3200 N. OCEAN BLVD., UNIT 2204
CITY-ST-ZIP FT. LAUDERDALE FL 33308 ☐ Delete

TITLE D
NAME SARDI, MARIA MERCEDES
STREET ADDRESS 3200 N. OCEAN BLVD., UNIT 2204
CITY-ST-ZIP FT. LAUDERDALE FL 33308 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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

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

04/09/01

Date

305-365-8044

Daytime Phone #

CR2E034 (10/00)