

AMENDED

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P00000029217

1. Entity Name

Cruşardi & Associates, Inc.

FILED

01 JUL 17 PM 2:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

100 N. Biscayne Blvd.
Suite 2600
Miami, Florida 33132

2. Principal Place of Business

1201 Brickell Avenue

3. Mailing Address

338 Minorca Avenue

Suite, Apt. #, etc.

Suite 200B

Suite, Apt. #, etc.

City & State

Miami, Florida

City & State

Coral Gables, Florida

4. FEI Number

65-1000856

Applied For

Not Applicable

Zip

Country

33131

USA

Zip

Country

33134

USA

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

Name Manuel E. Cabeza

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

338 Minorca Avenue

City

Coral Gables

FL

Zip Code 33134

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 reissuing.

DATE

9. This corporation is eligible to satisfy its intangible

tax filing requirement and elects to do so.

(See criteria on back)

☐

10. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete
NAME Sardi, Andres
STREET ADDRESS 3200 N. Ocean Blvd, Unit 2209
CITY-ST-ZIP Ft. Lauderdale, FL 33308

TITLE D/VP/S ☒ Change ☐ Addition
NAME Sardi, Andres
STREET ADDRESS 1201 Brickell Avenue, Suite 200B
CITY-ST-ZIP Miami, Florida 33131

TITLE D ☐ Delete
NAME Sardi, Maria Mercedes
STREET ADDRESS 3200 N. Ocean Blvd., Unit 2204
CITY-ST-ZIP Ft. Lauderdale, FL 33308

TITLE P ☒ Change ☐ Addition
NAME Sardi, Maria Mercedes
STREET ADDRESS 1201 Brickell Avenue, Suite 200B
CITY-ST-ZIP Miami, Florida 33131

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
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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

Andres Sardi Vice President

6/7/2001

(305) 371-2776

Date

Daytime Phone #

CR2E034 (11/00)

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