

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000029217

1. Entity Name

CRUSARDI & ASSOCIATES, INC.

FILED
Apr 11, 2002 8:00 am
Secretary of State

04-11-2002 90052 035 ***150.00

Principal Place of Business

1201 BRICKELL AVENUE, STE. 200-B
MIAMI FL 33131

Mailing Address

338 MINORCA AVENUE
CORAL GABLES FL 33134

2. Principal Place of Business

600 Brickell Ave.

3. Mailing Address

600 Brickell Ave.

Suite, Apt. #, etc.

300 U

Suite, Apt. #, etc.

300 U

City & State

MIAMI FL

City & State

MIAMI FL

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

CABEZA, MANUEL E
338 MINORCA AVENUE
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name: DAVID J. HART PA
Street Address (P.O. Box Number is Not Acceptable): 21 SE 15th Avenue 10th Floor
City: MIAMI FL Zip Code: 33131

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

4/2/02

Signature, typed or printed name of registered agent and file 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, 2002 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: VSD
NAME: SARDI, ANDRES
STREET ADDRESS: 1201 BRICKELL AVENUE, STE. 200-B
CITY-ST-ZIP: MIAMI-FL 33131 ☒ Delete

TITLE: P
NAME: SARDI, MARIA MERCEDES
STREET ADDRESS: 1201 BRICKELL AVENUE, STE. 200-B
CITY-ST-ZIP: MIAMI-FL 33131 ☐ Delete

TITLE: ☐ Delete
NAME: ☐ Delete
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TITLE: ☐ Delete
NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
CITY-ST-ZIP: ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE: P, Director, up, S, T - ☒ Change ☐ Addition
NAME: SARDI, MARIA MERCEDES
STREET ADDRESS: 600 Brickell Ave #300 U
CITY-ST-ZIP: MIAMI FL 33131

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

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NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
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:

MARIA M. SARDI

04/03/02

305-375 0309

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CP2E034 (9/01)