

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000035282

1. Entity Name

CRAB ENTERPRISES, INCORPORATED

FILED
Sep 21, 2001 8:00 am
Secretary of State

08-24-2001 90042 007 ***550.00

0085779 AV

Principal Place of Business

1001 N. MAC DILL AVE.
TAMPA FL 33607

Mailing Address

1001 N. MAC DILL AVE.
TAMPA FL 33607

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3644237

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

5. Name and Address of Current Registered Agent

CRUZ, JOSE
309 PROVIDENCE
BRANDON FL 33511

7. Name and Address of New Registered Agent

Name BRUNILDA CABRAL

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

1001 N. MAC DILL AVE

City TAMPA

FL

Zip Code 33607

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

Brunilda Cabral

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

(NOTE: Registered Agent signature required when re-registering)

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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 P
NAME CRUZ, JOSE
STREET ADDRESS 1001 N. MAC DILL AVE.
CITY-ST-ZIP TAMPA FL 33607 ☒ Delete

TITLE V
NAME CABRAL, BRUNILDA
STREET ADDRESS 1001 N. MAC DILL AVE.
CITY-ST-ZIP TAMPA FL 33607 ☐ 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
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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)(f), 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:

BRUNILDA CABRAL
BRUNILDA CABRAL

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

08-17-01

Date

813-8791664

Daytime Phone #

CR2E034 (5/01)