

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90406 014 ***150.00

DOCUMENT # P000000043915

1. Entity Name

Crimson + Crame Enterprises, Inc.

Principal Place of Business

Mailing Address

3215 NW 49th street
 Miami, FL 33142-3331

2. Principal Place of Business

3. Mailing Address

3215 N.W. 49th Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
 Miami FL

Zip

Country

Zip

33142-3331

Country

USA

4. FEI Number

65-1006264

Applied For

Not Applicable

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

Robert Strapp
 3215 N.W. 49th Street
 Miami, FL 33142

Name

Donna Moore

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

350 W. 46 Street #1

City

Miami Beach

FL

Zip Code

33140

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

Robert V Strapp Jr

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

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

4/2/2001

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE President / CEO
 NAME Robert V. Strapp Jr.
 STREET ADDRESS 3215 N.W. 49th Street
 CITY-ST-ZIP Miami FL 33142 ☐ Delete

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
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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:

Robert V Strapp Jr

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/2/2001

Date

Daytime Phone

CR2E034 (11/00)