

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000044408

1. Entity Name

CRESCENDO SOUND INC.

FILED

Feb 06, 2001 8:00 am
Secretary of State

02-06-2001 90304 045 ***150.00

Principal Place of Business

C/O NRAI SERVICES, INC.
526 EAST PARK AVE.
TALLAHASSEE FL 32301

Mailing Address

C/O NRAI SERVICES, INC.
526 EAST PARK AVE.
TALLAHASSEE FL 32301

2. Principal Place of Business

4115 KIAORA ST

Suite, Apt. #, etc.

3. Mailing Address

610 POLISENO 66 FORDHAM AV

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

COCONUT GROVE FL

City & State

HICKSVILLE NY

4. FEI Number

65-1006007

Applied For

Not Applicable

Zip

Country

USA

Zip

Country

11801-5600

USA

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

NRAI SERVICES, INC.
526 EAST PARK AVE.
TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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]

Signature, typed or printed name of registered agent and title 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, 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 **PRESIDENT** ☐ Delete
NAME **CASTOR A. FERNANDEZ**
STREET ADDRESS **4115 KIAORA ST**
CITY-ST-ZIP **COCONUT GROVE FL 33133**

TITLE **SECRETARY** ☐ Delete
NAME **NICHOLAS J. POLISENO**
STREET ADDRESS **66 FORDHAM AV**
CITY-ST-ZIP **HICKSVILLE NY 11801-5600**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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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] **CASTOR A FERNANDEZ** 1/22/01 305-372-0600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)