

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 08, 2002 8:00 am
Secretary of State

05-08-2002 90139 025 ***150.00

DOCUMENT #

1. Entity Name

Crisis Management Consulting, Inc. ✓

DO NOT WRITE IN THIS SPACE

653126

2. Principal Place of Business

13727 SW 152 St. #360

Suite, Apt. #, etc.

3. Mailing Address

13727 SW 152 St. #360

Suite, Apt. #, etc.

City & State

Miami, FL 33177

Zip

Country

City & State

Miami, FL 33177

Zip

Country

4. FEI Number

65-1037685

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

K. L. Houston

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

13727 SW 152 St. #360

City

Miami

FL

Zip Code

33177

**DO NOT WRITE
IN THIS SPACE**

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 reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
V. Moran
13727 SW 152 St. #360
Miami, FL 33177

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

V. Moran, Pres.

4-26-02 305-598-0425

Date

Daytime Phone #