

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P000000078793**

1. Entity Name

Cru, Inc.

09-15-2000 90007 043 ***150.00
P00000078793

FILED
00 SEP 15 PM 1:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

1830 S.W. 23 ST
miami, FL 33145

2. Principal Place of Business

3. Mailing Address

4400 N.W. 19 Ave **4400 N.W. 19 Ave**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite K

Suite K

City & State

City & State

Pompano Bch, FL

Pompano Bch, FL

Zip

Country

Zip

Country

33064

USA

33064

USA

4. FEI Number

65-0962826

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

Shawn Nightingale
10530 N.W. 67 CT
Parkland, FL 33076

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

Shawn Nightingale

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

(NOTE: Registered Agent signature required when reinstating)

8-30-00

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, 2000 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	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

file for
\$150
don't
reject.

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Shawn Nightingale
STREET ADDRESS	10530 N.W. 67 CT
CITY-ST-ZIP	Parkland, FL 33076
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. I hereby certify that the information indicated on this report of the corporation or the changed, or on an attached

qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information and that my signature shall have the same legal effect as if made under oath; that I am an officer or director and that I execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if I am an officer or director, with all other like empowered.

SIGNATURE:

Shawn Nightingale

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-30-00

Date

Daytime Phone #

305
588 9674

CR2E034 (9/99)

9/15