

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 25, 2002 8:00 am
Secretary of State

03-25-2002 90077 048 ***150.00

0006163 AT

DOCUMENT # P00000078793

1. Entity Name

CRU, INC.

Principal Place of Business

4400 N.W. 19TH AVE., STE K
 POMPANO BEACH FL 33064

Mailing Address

4400 N.W. 19TH AVE., STE K
 POMPANO BEACH FL 33064

2. Principal Place of Business

2601 S. Bayshore Dr

Suite, Apt. #, etc.

Suite 250 A

3. Mailing Address

2601 S. Bayshore Dr

Suite, Apt. #, etc.

Suite 250 A

City & State

Coconut Grove, FL

City & State

Coconut Grove, FL

Zip

33133

Country

Deade

Zip

33133

Country

Deade

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

NIGHTINGALE, SHAWN
 10530 N.W. 67TH CT
 PARKLAND FL 33076

7. Name and Address of New Registered Agent

Name: Shawn Nightingale
 Street Address (P.O. Box Number is Not Acceptable): 265 N. Hibiscus Dr
 City: Miami Beach FL Zip Code: 33139

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

3.10.02

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, 2002 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	P	<input type="checkbox"/> Delete
NAME	NIGHTINGALE, SHAWN	
STREET ADDRESS	10530 N.W. 67TH CT	
CITY-ST-ZIP	PARKLAND FL 33076	
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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Shawn Nightingale	
STREET ADDRESS	265 N. Hibiscus Dr	
CITY-ST-ZIP	Miami Beach, FL 33139	
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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3.10.02

CR2E034 (9/01)