

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90354 027 ***158.75

DOCUMENT # P00000105450

1. Entity Name
THE CRIB CORP.



Principal Place of Business
**371 MALLARD ROAD
WESTON, FL 33327**

Mailing Address
**371 MALLARD ROAD
WESTON, FL 33327**

11036924



☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

5110 NE 28 AVE
Suite, Apt. #, etc.

3. Mailing Address

5110 NE 28 AVE
Suite, Apt. #, etc.

City & State

LIGHTHOUSE POINT, FL

City & State

LIGHTHOUSE POINT FL

4. FEI Number

65-1053484

Applied For

Not Applicable

Zip

33064

Country

USA

Zip

33064

Country

USA

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**CORPORATE CREATIONS NETWORK INC.
941 FOURTH STREET #200
MIAMI BEACH, FL 33139**

Name

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

City

FL

Zip Code

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE:

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

(NOTE: Registered Agent's signature required when registering)

DATE

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **TODORA, JOHN**
CITY-ST-ZIP **371 MALLARD ROAD
WESTON, FL 33327**

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

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **HARTLEY, ROBERT JR**
CITY-ST-ZIP **371 MALLARD ROAD
WESTON, FL 33327**

TITLE ☒ Change ☐ Addition
NAME **HARTLEY, ROBERT JR**
STREET ADDRESS **5110 NE 28 AVE**
CITY-ST-ZIP **LIGHTHOUSE POINT, FL 33064**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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

12. 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 10 or Block 11 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

4/29/03

Date

(305) 299-8668

Daytime Phone #

CR2034 (10/02)