

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 10, 2003 8:00 am
Secretary of State

01-10-2003 90065 049 ***150.00

DOCUMENT # P00000116700

1. Entity Name
CRUSADER TITLE AND INVESTMENTS, INC.



Principal Place of Business
999 BRICKELL AVE SUITE 700
MIAMI FL 33131

Mailing Address
4708 NW 114 AVE #106
MIAMI FL 33178



2. Principal Place of Business
1001 BRICKELL Bay DRIVE
Suite, Apt. #, etc.
2600

3. Mailing Address

Suite, Apt. #, etc.

City & State
Miami, Florida

City & State

4. FEI Number **65-1072308**

Applied For
Not Applicable

Zip **33131** Country **USA**

Zip Country

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

CAMP, ARMANDO E
4708 NW 114 AVE #106
MIAMI FL 33178

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. 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 signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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 **D** ☐ Delete
NAME **MORALES, IVETTE**
STREET ADDRESS **4708 NW 114 AVE #106**
CITY-ST-ZIP **MIAMI FL 33178**

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

TITLE **D** ☐ Delete
NAME **CAMP, ARMANDO E**
STREET ADDRESS **4708 NW 114 AVE #106**
CITY-ST-ZIP **MIAMI FL 33178**

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

TITLE **CEO** ☐ Delete
NAME **GRISALES-RACINI, OSCAR**
STREET ADDRESS **999 BRICKELL AVE SUITE 700**
CITY-ST-ZIP **MIAMI FL 33131**

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

TITLE **S** ☐ Delete
NAME **GARCIA, JESSICA**
STREET ADDRESS **999 BRICKELL AVE, #700**
CITY-ST-ZIP **MIAMI FL 33131**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/7/03 (305) 510-5415

CR2E034 (10/02)