FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # PO100015619

1. Entity Name

BSP, CREW, INC
35 NE 62ND ST, MIAMI FL 33138

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
35 NE 62ND ST
Suite, Apt. #, etc. STE 1A
City & State Miami FC
Zip 33138   Country USA

3. Mailing Address
35 NE 162ND ST
Suite, Apt. #, etc. STE 1A
City & State Miami FL
Zip 33138   Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1086944 | Applied For / Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name Jacqueline M. Rosado

Street Address (P.O. Box Number is Not Acceptable) 225 NE 23rd St #1405

City Miami   FL   Zip Code 33137

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 _Jacqueline M. Rosado_   JACQUELINE M ROSADO   DATE 1/17/03

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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

TITLE		TITLE	
D	NAME JACQUELINE M ROSADO STREET ADDRESS 225 NE 23rd St #1405 CITY-ST-ZIP Miami FL 33137	NAME STREET ADDRESS CITY-ST-ZIP	
S.	NAME Joanne Prince STREET ADDRESS 2610 NE 9th Ave CITY-ST-ZIP Pompano FL 33064	NAME STREET ADDRESS CITY-ST-ZIP	
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CR2E034B (12/02)

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

SIGNATURE: _Jacqueline M. Rosado_   1/17/03   305-751-7900

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #