

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

DOCUMENT #

101 000022647

1. Entity Name

CRM REAL ESTATE Holdings, INC.

02 NOV 19 PM 2:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3135 NE 184th ST

Suite, Apt. #, etc.

2204

3. Mailing Address

11649 NW 5th ST

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Aventura, FL

City & State

Plantation, Florida

Zip

33160

Country

USA

Zip

33325

Country

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired

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\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

MIA MASSOURAS

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

3135 NE 184th ST

Suite 2204

City

Aventura

FL

Zip Code

33160

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

MIA MASSOURAS

Ethmia Massouras

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

(Print: Registered Agent signature required when registering)

DATE

9. This corporation is eligible to satisfy its intangible

Tax filing requirement and elects to do so.

(See criteria on back)

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January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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	Secretary
NAME	MIA MASSOURAS
STREET ADDRESS	3135 NE 184th St # 2204
CITY-ST-ZIP	Aventura, FL 33160
TITLE	CEO
NAME	CARLINE A. SARNELLI
STREET ADDRESS	3135 NE 184th St # 2204
CITY-ST-ZIP	Aventura, FL 33160
TITLE	President
NAME	NORMAN J. Brodeur
STREET ADDRESS	3135 NE 184th St # 2204
CITY-ST-ZIP	Aventura, FL 33160
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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CITY-ST-ZIP	

DO NOT WRITE
IN THIS SPACE

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

SIGNATURE:

MIA MASSOURAS

Ethmia Massouras 954 452-0487

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034B (12/01)

77 11/21

C R M Real Estate Holdings, Inc.

3135 N.E. 184th Street Suite 204

Aventura, FL 33160

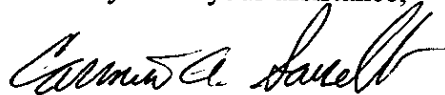
Phone: (305) 935-6674 Facsimile: (305) 935-6674

To whom it may concern,

10/25/2002

We are requesting a full waiver of any penalty fees we have received due to the failure of not submitting the Uniform Business Report in a timely manner. Due to unforeseen predicaments the report itself was mailed out and returned to sender. Since, we never personally received the documents we are asking that we not be penalized for faults by extraneous parties. To rectify the situation we are sending the Uniform Business Report, along with the amount of \$150.00. We are anticipating that this will expedite the process of bringing our account back to a active status.

Thank you for your assistance,



Carmine A. Sarnelli