

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 14, 2002 8:00 am
Secretary of State

03-14-2002 90003 030 ***150.00

0323703 AV

DOCUMENT # P01000027572

1. Entity Name
MY CREW, INC.

Principal Place of Business
757 SE 17TH ST
PMB
FT LAUDERDALE FL 33316

Mailing Address
757 SE 17TH ST
PMB
FT LAUDERDALE FL 33316

2. Principal Place of Business
2107 SE 18th Street
 Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 460640
 Suite, Apt. #, etc.

City & State
Fort Lauderdale, FL
 Zip
33316 Country
USA

City & State
Ft. Lauderdale, FL
 Zip
33346 Country
USA

4. FEI Number
06-1612679

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

TAFOYA, CRAIG
757 SE 17TH ST
PMB
FT LAUDERDALE FL 33316

7. Name and Address of New Registered Agent
 Name
Mary E. Tafoya
 Street Address (P.O. Box Number is Not Acceptable)
2107 SE 18th Street
 City
Fort Lauderdale **FL** Zip Code
33316

Sign Here *Mary E. Tafoya*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2/20/02

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President, Director Mary E. Tafoya 2107 SE 18th Street Ft. Lauderdale, FL 33316	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary, Director Craig A. Tafoya 2107 SE 18th Street Ft. Lauderdale, FL 33316	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Gary J. Stallard 62 Del-Jo Drive Seekonk, MA 02771	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 checked.

Sign Here *Mary E. Tafoya*
SIGNATURE:
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/20/02 (954) 684-1384
 Date Daytime Phone #

CR2E034 (9/01)