

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2002 8:00 am
Secretary of State
 05-19-2002 90036 038 ***150.00

DOCUMENT # P01000043813

1. Entity Name
CRYSTALVIEW SYSTEMS INC.

Principal Place of Business

**6717 DOGWOOD DR.
 MIRAMAR FL 33023**

Mailing Address

**6717 DOGWOOD DR.
 MIRAMAR FL 33023**

2. Principal Place of Business

3. Mailing Address

6717 Dogwood Dr
 Suite, Apt. #, etc.

1212 SW 2 St
 Suite, Apt. #, etc.

City & State
MIRAMAR FL
 Zip
33023
 Country
USA

City & State
MIAMI FL
 Zip
33135
 Country
USA

4. FEI Number
65-1100413

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**GONZALEZ, EVA
 6717 DOGWOOD DR.
 MIRAMAR FL 33023**

7. Name and Address of New Registered Agent

Name
EVA GONZALEZ

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

6717 Dogwood Dr
 City
MIRAMAR FL Zip Code
33023

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 **Eva Gonzalez**
 Signature, typed or printed name of registered agent and date if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/25/02
 DATE

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	PTD GONZALEZ, EVA 6717 DOGWOOD DR. MIRAMAR FL 33023 <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
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

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

Date

Daytime Phone #

4/25/02 (305) 643-2482

CR2E034 (9/01)