

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91901 035 ***150.00

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DOCUMENT # P01000043813

1. Entity Name
CRYSTALVIEW SYSTEMS INC.



Principal Place of Business
6717 DOGWOOD DR.
MIRAMAR FL 33023

Mailing Address
1212 SW 2ND ST.
MIAMI FL 33135

2. Principal Place of Business

3. Mailing Address

17793 SW 35CT

1212 SW 2 Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Miramar FL

City & State
Miami FL

Zip 33029 Country USA

Zip 33135 Country USA

4. FEI Number 65-1100413

Applied For
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GONZALEZ, EVA
6717 DOGWOOD DR.
MIRAMAR FL 33023

Name Eva Gonzalez
Street Address (P.O. Box Number is Not Acceptable)
17793 SW 35 Court
City Miramar 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: *Eva Gonzalez*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/15/03

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 PTD
NAME GONZALEZ, EVA
STREET ADDRESS 6717 DOGWOOD DR.
CITY-ST-ZIP MIRAMAR FL 33023 ☐ Delete

TITLE PTD
NAME Eva Gonzalez
STREET ADDRESS 17793 SW 35 Court
CITY-ST-ZIP Miramar FL 33029 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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: *Eva Gonzalez* REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/03 (305) 643-2482

Date

Daytime Phone #

CR2E034 (10/02)