

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 06, 2002 8:00 am**  
**Secretary of State**

02-06-2002 90030 030 \*\*\*158.75

**DOCUMENT #** P01000069906

**1. Entity Name**

CRONE TELECOM, INC

**DO NOT WRITE IN THIS SPACE**

**2. Principal Place of Business**  
9824 Kamena Circle  
Suite, Apt. #, etc.

**3. Mailing Address**  
1472 N Homestead Blvd  
Suite, Apt. #, etc.  
Suite #2

**City & State**  
Boynton Beach, FL

**City & State**  
Homestead, FL

**4. FEI Number**  
65-1124673

**Applied For**  
☐ Not Applicable

**Zip**  
33436

**Country**  
USA

**Zip**  
33030

**Country**  
USA

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

DO NOT WRITE IN THIS SPACE

813077

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IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

**Name**  
Chris B. Spaulding

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

1472 N Homestead Blvd., Suite #2

**City** Homestead **FL** **Zip Code** 33030

**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**  **Chris B. Spaulding** **12/31/2001**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when reinstating) DATE

**9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)** ☒

**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** P/D **Add**  
**NAME** Dave Brache  
**STREET ADDRESS** 15813 NW 16 Ct  
**CITY-ST-ZIP** Pembroke Pines, FL 33028

**TITLE** S/T/D **Add**  
**NAME** Chris B. Spaulding  
**STREET ADDRESS** 27805 SW 164 Ct Homestead, FL 33030

**TITLE** D **Add**  
**NAME** David Carrera  
**STREET ADDRESS** 9850 NW 2 St Plantation, FL 33324

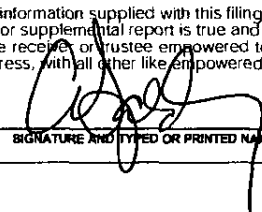
**TITLE** D **Add**  
**NAME** Laly Cereiyo  
**STREET ADDRESS** 9824 Kamena Circle  
**CITY-ST-ZIP** Boynton Beach, FL 33436

**TITLE** D **Add**  
**NAME** Rafael Rodriguez  
**STREET ADDRESS** 402 Gran Ausubo Ciudad Jardin III  
**CITY-ST-ZIP** Toa Alta, Puerto Rico 00953

**TITLE** P/D **Delete**  
**NAME** George Morris  
**STREET ADDRESS** 100 Lehané Terrace Apt 20  
**CITY-ST-ZIP** N Palm Beach, FL 33408

**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:**  **Chris B. Spaulding S/T/D** **12/31/01** **305-632-5474**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)