


02-03
FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED

03 JUN 11 PM 12:10

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **P01000113290**
 1. Entity Name
C Rew Services INC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
772 Ridgewood Rd
 Suite, Apt. #, etc.

3. Mailing Address
772 Ridgewood Rd
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Key Biscayne FL

City & State
Key Biscayne FL

4. FEI Number
65-1155892

Applied For
 Not Applicable

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

Zip Country
33149 USA

Zip Country
33149 USA

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name
FINE & MARTINEZ PA

Street Address (P.O. Box Number is Not Acceptable)
2333 Ponce de Leon Blvd

Suite 710

City
Coral Gables FL Zip Code
33134

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

January 1 - May 1 Fee is \$150.00
 After May 1, Fee is \$550.00
 Amended UBR is \$61.25
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			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO, D. John Devaney 635 Sunset Circle Key Biscayne FL 33149	TITLE NAME STREET ADDRESS CITY-ST-ZIP	400020825224 06/13/03--01080--003 **300.00
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:  **5/7/03** **305-365-0527**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)

26/11

Crew Services Inc

772 Ridgewood Road
Key Biscayne FL 33149
305-365-0527

Florida Department of State
Uniform Business Report Section
409 East Gaines Street
Tallahassee, FL 32399

May 8, 2003

To Whom It May Concern:

I am writing this letter to inform you that a UBR was never received by our office for this entity.

I have enclosed a newly filed UBR and respectfully request that the late filing penalty and reinstatement fees be waived for this entity. Coincidentally 3 out of the 6 entities filed from this address by myself were not received this year.

Thank you in advance for your understanding in this matter. If I can be of any assistance, please feel free to call me at the number listed above.

A handwritten signature in black ink, appearing to read "Alan B. Levin". The signature is fluid and cursive, with a long horizontal line extending to the right.

Alan B. Levin – CFO
Crew Services, Inc.