2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR)

P02000065722 **DOCUMENT #**

1. Entity Name CRINGO, INC.



Mar 07, 2003 8:00 am secretary of State 03-07-2003 90076 032 ***150.00

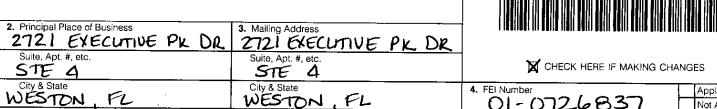
FILED

Principal Place of Business 5881 NW 151 ST. STE 101

MIAMI LAKES FL 33014

Mailing Address

5881 NW 151 ST. STE 101 MIAMI LAKES FL 33014



6. Name and Address of Current Registered Agent

Country

Country

Name

01-072683

7. Name and Address of New Registered Agent

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

SALVER, PAUL 5881 NW 151-ST, STE 184 2721 Executive Park Dr.

MIAMI LAKES EL 33014... Weston, FL 33331 Street Address (P.O. Box Number is Not Acceptable)

City Zip Code FI

5.	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	d accept
	the obligations of registered agent.	
	다른 선생님 보다	

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

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE" ☐ Delete TITLE ☐ Change Addition ISALVER, PAUL NAME 5881 NW_151 ST. STE 101 STREET ADDRESS STREET ADDRESS SVITE MIAMI LAKES FL 33014 CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME -STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

STREET ADDRESS

☐ Delete

TITLE STREET ADDRESS

CITY-ST-ZIP

☐ Change ■ Addition

☐ 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 true elempowered 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 at

SIGNATURE:

NAME

TITLE

NAME

CITY-ST-ZIP

Daytime Phone #