

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 20, 2003 8:00 am**  
**Secretary of State**  
07-28-2003 90150 004 \*\*\*150.00

DOCUMENT # P02000077894

1. Entity Name  
CRABEL, INC.



Principal Place of Business  
518 DAROCO AVE  
CORAL GABLES FL 33146

Mailing Address  
518 DAROCO AVE  
CORAL GABLES FL 33146

55054550

2. Principal Place of Business  
115 Madeira Ave.  
Suite, Apt. #, etc.  
CORAL GABLES, FL

3. Mailing Address  
115 MADEIRA AVE  
Suite, Apt. #, etc.  
CORAL GABLES, FL

☐ CHECK HERE IF MAKING CHANGES

City & State  
33134

City & State  
33134

4. FEI Number  
20-0000-969

Applied For  
Not Applicable

Zip  
Country  
USA

Zip  
Country  
USA

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RAMIREZ, MANUEL J  
1200 BRICKELL AVE STE 1440  
MIAMI FL 33131

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00

After September 10, 2003 Fee will be \$750.00

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

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
PSTD  
FERNANDEZ, LUCIA  
518 DAROCO AVE  
CORAL GABLES FL 33146 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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CITY - ST - ZIP ☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/15/03 605 145-0477  
Date Daytime Phone #

CR2E034 (4/03)

attachment



55054550

#P02000077894

August 12, 2003

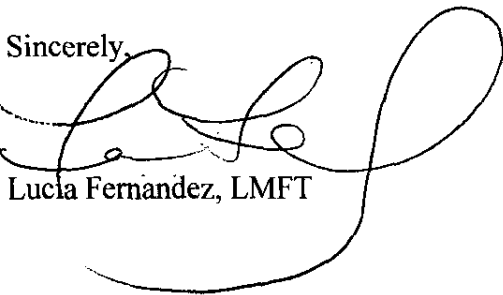
Florida Department of State  
Division of Corporations  
PO BOX 6327  
Tallahassee, FL 32314

Reference number: P02000077894

Dear Sir or Madam:

Please be informed that the original uniform business report was never received in our office, because it was sent to the wrong address. This is why the payment was not sent previously. Therefore, I respectfully request that the penalty be waived and the \$150.00 fee be accepted. Please respond at your earliest convenience. Thank you for your kind attention to this matter.

Sincerely,



Lucia Fernandez, LMFT