

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 28, 2003 8:00 am
Secretary of State

01-28-2003 90069 005 ***150.00

DOCUMENT # P02000080521

1. Entity Name
PROPIEADAES CRESPI, INC.



Principal Place of Business

19120 NORTH BAY ROAD
SUNNY ISLES BEACH FL 33160

6457 S.W. 16 ST

Mailing Address

19120 NORTH BAY ROAD
SUNNY ISLES BEACH FL 33160

6457 S.W. 16 ST

2. Principal Place of Business

6457 S.W. 16 St.

Suite, Apt. #, etc.

MIAMI, FL

City & State

MIAMI, FL

Zip

33155

Country

DADE

3. Mailing Address

6457 S.W. 16 St.

Suite, Apt. #, etc.

MIAMI, FL

City & State

MIAMI, FL

Zip

33155

Country

DADE



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

30-0098062

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

CRESPI, JUAN

19120 NORTH BAY ROAD

SUNNY ISLES BEACH FL 33160

7. Name and Address of New Registered Agent

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 \$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

TITLE PD ☐ Delete
NAME CRESPI, ANTONIO
STREET ADDRESS 6457 SW 16 STREET
CITY-ST-ZIP MIAMI FL 33165

TITLE VD ☐ Delete
NAME CRISTINA, MARIA Cuba
STREET ADDRESS 6457 SW 16 STREET
CITY-ST-ZIP MIAMI FL 33165

TITLE SD ☐ Delete
NAME CRESPI, JUAN
STREET ADDRESS 19120 NORTH BAY ROAD
CITY-ST-ZIP SUNNY ISLES BEACH FL 33160

TITLE TD ☐ Delete
NAME CRESPI, ADELAIDA
STREET ADDRESS 6457 SW 16 STREET
CITY-ST-ZIP MIAMI FL 33165

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

Date

Daytime Phone #

1-23-03

CR2E034 (10/02)