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FILED
Jul 28, 2003 8:00 am
Secretary of State
07-07-2003 90306 024 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000089869

1. Entity Name
CREWSER, INC.

55052513

Principal Place of Business
~~9751 NW 30TH ST~~
~~MIAMI, FL 33172~~
PORT OF MIAMI - PIER 9
MIAMI, FL 33132

Mailing Address
9751 NW 30TH ST
MIAMI, FL 33172

[redacted]

2. Principal Place of Business: PORT OF MIAMI
Suite, Apt #, etc.: PIER 9
City & State: MIAMI, FL
Zip: 33131 — Country:

3. Mailing Address:
Suite, Apt. #, etc.:
City & State:
Zip: — Country:

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number: 35-2181688 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
ABELLO, GUILLERMO
9751 NW 30TH ST
MIAMI, FL 33172

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] - Guillermo Abello Pres
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P ABELLO, GUILLERMO 9751 NW 30TH ST MIAMI, FL 33172	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V BENOIT, ANGELA V 1612 MICHIGAN AVE #5 MIAMI BEACH, FL 33139	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (10/02)

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] - Guillermo Abello - President 7/2/03 786-556-9594
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #