

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 10, 2003 8:00 am
Secretary of State

01-10-2003 90017 012 ***150.00

DOCUMENT # P02000111920

1. Entity Name
CREW CONNECTION CORP.



Principal Place of Business
**8502 N. ARMENIA AVE.
SUITE 2-B
TAMPA FL 33604**

Mailing Address
**1221 TREESDALE COURT
WESLEY CHAPEL FL 33543**



2. Principal Place of Business

126 23RD ST.

3. Mailing Address

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
GALVESTON, TX.

City & State

4. FEI Number

54-2080276

Applied For

Not Applicable

Zip **77550** Country **USA**

Zip

Country

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

**YLAGAN, PEDRO H JR.
1221 TREESDALE COURT
WESLEY CHAPEL FL 33543**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PRES** ☐ Delete
NAME **JOVEN, JORGE**
STREET ADDRESS **8502 N. ARMENIA AVE., SUITE 2-B**
CITY-ST-ZIP **TAMPA FL 33604**

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

TITLE **VP** ☐ Delete
NAME **YLAGAN, PEDRO H JR.**
STREET ADDRESS **1221 TREESDALE COURT**
CITY-ST-ZIP **WESLEY-CHAPEL FL-33543**

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

TITLE **TREA** ☐ Delete
NAME **INFANTE, DANIEL S III**
STREET ADDRESS **636 BOXCOVE PLACE**
CITY-ST-ZIP **DIAMOND BAR CA 91765**

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

TITLE **SECR** ☐ Delete
NAME **INFANTE, DANIEL S III**
STREET ADDRESS **636 BOXCOVE PLACE**
CITY-ST-ZIP **DIAMOND BAR CA 91765**

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

TITLE **DIR** ☐ Delete
NAME **DARATO, CECILIA J**
STREET ADDRESS **10441 NW 12TH COURT**
CITY-ST-ZIP **PLANTATION FL 33322**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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:

PEDRO YLAGAN, JR.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/7/03
Date

409-763-2323
Daytime Phone #