

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 10, 2001 08:00 AM**
Secretary of State**DOCUMENT # P32796**1. Entity Name
AINSLEY CRESCENT CORPORATION

Principal Place of Business	Mailing Address
6440 NORTH BAY RD.	6440 NORTH BAY RD.
MIAMI BEACH FL 331414516 US	MIAMI BEACH FL 331414516 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip Country Zip Country

4. FEI Number
13-5616089Applied For
Not Applicable5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent**SOUAID ROBERT G.**
6440 NORTH BAY RD.**MIAMI BEACH FL 33141 US****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.

SIGNATURE _____ **04/10/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☒**FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees**11. OFFICERS AND DIRECTORS****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	PTD	<input type="checkbox"/> Delete
NAME	SOUAID, ROBERT G.	
STREET ADDRESS	6440 NORTH BAY RD.	
CITY-ST-ZIP	MIAMI BEACH FL	

TITLE	PTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SOUAID, ROBERT G.	
STREET ADDRESS	6440 NORTH BAY RD.	
CITY-ST-ZIP	MIAMI BEACH FL 331414516	

TITLE	D	<input type="checkbox"/> Delete
NAME	SOUAID, GEORGETTE	
STREET ADDRESS	1111 CRANDON BLVD. #B1201	
CITY-ST-ZIP	KEY BISCAYNE FL	

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SOUAID, GEORGETTE	
STREET ADDRESS	1111 CRANDON BLVD. #B1201	
CITY-ST-ZIP	KEY BISCAYNE FL 33149	

TITLE	VSD	<input type="checkbox"/> Delete
NAME	SOUAID, GEORGE	
STREET ADDRESS	1111 CRANDON BLVD.#B1201	
CITY-ST-ZIP	KEY BISCAYNE FL	

TITLE	VSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SOUAID, GEORGE	
STREET ADDRESS	1111 CRANDON BLVD.#B1201	
CITY-ST-ZIP	KEY BISCAYNE FL 33149	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Robert G. Souaid**P****04/10/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)