## 2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

## May 12, 2000 8:00 am Secretary of State DOCUMENT # **P9400002193** 05-12-2000 90048 008 \*\*\*150.00 CRC INDUSTRIES INC. Principal Place of Business Mailing Address 11981 N.W. 12TH ST. 11981 N.W. 12TH ST. PEMBROKE PINES FL 33026 PEMBROKE PINES FL 33014-6723 3. Mailing Address 2. Principal Place of Business 18643 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For PEH bro K City & State 4. FEI Number 65-0466869 EM bro F Not Applicable \$8.75 Additional 5. Certificate of Status Desired. -- -Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CALVO, ROSA I Street Address (P.O. Box Number is Not Acceptable) 11981 N.W. 12TH ST. PEMBROKE PINES FL 33026 Zip Code 0 29 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 (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. ☐ Delete TITLE TITLE 18643 SW 12th Street Addaws PEMBROKE PINES, F1 33029 Change Addition 18643 SW 12th Street PEMBROKE PINES, F1 33029 Addam NAME CALVO, ROSA I NAME STREET ADDRESS STREET ADDRESS 11981 N.W. 12 ST. CITY-ST-ZIP CITY-ST-ZIP PEMBROKE PINES FL 33026 TITLE ☐ Delete TITI F NAME CALVO, CARL A. NAME STREET ADDRESS STREET ADDRESS 11981 NW 12TH ST CITY-ST-ZIP CITY-ST-ZIP PEMBROKE PINES FL 33026 TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS 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

Date Daytime Phone #

FILED