

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91147 002 ***150.00

0309020 AV

DOCUMENT # P94000032211

1. Entity Name
OLD CRT, INC.



Principal Place of Business
3131 NE 188TH ST.
AVENTURA FL 33180
US

Mailing Address
3131 NE 188TH ST.
AVENTURA FL 33180
US

2. Principal Place of Business

Same as mailing

3. Mailing Address

40 Old CRT, INC

Suite, Apt. #, etc.

Suite, Apt. #, etc.

10679 Cypress Bend

City & State

City & State

Boca Raton FL

Zip

Country

Zip

Country

33498

4. FEI Number 65-0489926

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LAKEN, GLENN B
3131 N.E. 188TH STREET
AVENTURA FL 33180

7. Name and Address of New Registered Agent

Name Penny Field
Street Address (P.O. Box Number is Not Acceptable)
10679 Cypress Bend Dr.
Boca Raton
City FL Zip Code 33498

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

4/30/03

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	D	<input checked="" type="checkbox"/> Delete
NAME	LAKEN, LANE	
STREET ADDRESS	2423 EGANDALE ROAD	
CITY-ST-ZIP	HIGHLAND PARK IL 60035	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LESHUFY, J.R.	
STREET ADDRESS	215 E 68TH STREET	
CITY-ST-ZIP	NEW YORK NY 10021	
TITLE	CFO	<input type="checkbox"/> Delete
NAME	ADAMS FIELD, PENNY	
STREET ADDRESS	2424 LONGBOAT DRIVE	
CITY-ST-ZIP	NAPLES FL 34104	
TITLE	D	<input type="checkbox"/> Delete
NAME	LAKEN, GLENN	
STREET ADDRESS	40 Old CRT 1	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAKEN G 40 Old CRT	
STREET ADDRESS	10679 Cypress Bend Dr.	
CITY-ST-ZIP	BOCA RATON FL 33498	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

4/30/03

Date

561-573-7829

Daytime Phone #

CR2E034 (10/02)