

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 17, 2001 8:00 am**  
**Secretary of State**

08-17-2001 90006 035 \*\*\*150.00

DOCUMENT # **p94000034839**

1. Entity Name  
**The Crescent Inc.**

Principal Place of Business Mailing Address  
**6741 Crooked Palm Ln.**  
**Miami Lakes, FL 33014**

2. Principal Place of Business **Same** 3. Mailing Address **Same**

Suite, Apt. #, etc.

City & State

Zip Country

4. FEI Number **65-0488897** Applied For  
 Not Applicable

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

DO NOT WRITE IN THIS SPACE

**B0062366**

6. Name and Address of Current Registered Agent

**Zuhair Alyawer**  
**6741 Crooked Palm Ln. Miami Lakes**  
**FL 33014**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. 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 State**

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE <b>President</b>	<input type="checkbox"/> Delete
NAME <b>ZUHAIK ALYAWER</b>	
STREET ADDRESS <b>6741 Crooked Palm Ln.</b>	
CITY-ST-ZIP <b>MIAMI, FL 33014</b>	
TITLE <b>VP</b>	<input type="checkbox"/> Delete
NAME <b>LAMAAH ALYAWER</b>	
STREET ADDRESS <b>6741 Crooked Palm Ln.</b>	
CITY-ST-ZIP <b>MIAMI, FL 33014</b>	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
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	

12. 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	<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: **Zuhair Alyawer**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**7.9.01 305-8200367**

Date

Daytime Phone #

CR2E034 (11/00)



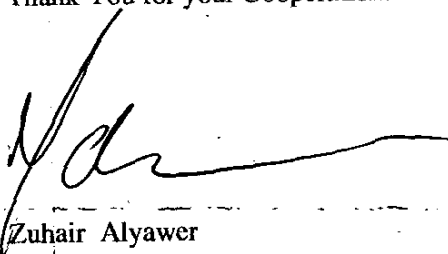
Crescent Inc.

From: The Crescent Inc.  
6741 Crooked Palm Lane.  
Miami Lakes, FL 33014

To: Florida Department of State  
Division of Corporations  
P.O. Box 6827  
Tallahassee, FL 32314  
Attn: Ms. Isellers

Please find enclosed the Uniform Business Report with a check payment fee of \$150.00.  
Please note that we did not receive the report on time this year.

Thank You for your Cooperation.

  
Zuhair Alyawer  
Crescent Inc.

6741 Crooked Palm Lane, Miami Lakes FL 33014  
Tel: 305.820.367 • Fax: 305.820.0324