

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2002 8:00 am
Secretary of State

05-05-2002 90071 002 ***150.00

DOCUMENT # P94000052576

1. Entity Name
CRYSTAL BEEPER, INC.

Principal Place of Business
120 SOUTH UNIVERSITY DRIVE
PEMBROKE PINES FL 33025

Mailing Address
120 SOUTH UNIVERSITY DRIVE
PEMBROKE PINES FL 33025



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
5722 S. FLAMINGO RD
Suite, Apt. #, etc. #363

3. Mailing Address
5722 S. FLAMINGO RD
Suite, Apt. #, etc. #363

City & State
COOPER CITY FL
Zip 33330 **Country** BROWARD

City & State
COOPER CITY FL
Zip 33330 **Country** BROWARD

4. FEI Number 65-0507892 **Applied For**
☐ **Not Applicable**

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

6. Name and Address of Current Registered Agent

GOLDBERGER, MICHAEL
120 SOUTH UNIVERSITY DRIVE
PEMBROKE PINES FL 33025

7. Name and Address of New Registered Agent

Name MICHAEL GOLDBERGER
Street Address (P.O. Box Number is Not Acceptable) 5722 S. FLAMINGO RD #363
City COOPER CITY FL **FL** **Zip Code** 33330

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 *Michael Goldberger* **Michael Goldberger** **4-18-02**

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, 2002 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | |
|--|--|
| TITLE P NAME GOLDBERGER, MICHAEL STREET ADDRESS 120 S. UNIVERSITY DR. CITY-ST-ZIP PEMBROKE PINES FL 33025 | <input type="checkbox"/> Delete TITLE NAME STREET ADDRESS 5722 S. FLAMINGO RD #363 CITY-ST-ZIP COOPER CITY, FL 33330 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP |

CR2E034 (9/01)

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Michael Goldberger Pres: Michael Goldberger 4-18-02 954-430-3449