## **2001 UNIFORM BUSINESS REPORT (UBR)**

## FILED May 10, 2001 8:00 am Secretary of State DOCUMENT # P95000021067 C. G. CRESPO, INC. 05-10-2001 90213 042 \*\*\*150.00 Principal Place of Business Mailing Address 1407 PIZARRO STREET 1407 PIZARRO STREET CORAL GABLES FL 33134-3621 CORAL GABLES FL 33134-3621 1 1 4 1 1 1 0 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0564508 Not Applicable Zip Country ---- ---Zip-Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CRESPO, C.G. Street Address (P.O. Box Number is Not Acceptable) 1407 PIZARRO STREET CORAL GABLES FL 33134-3621 City 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. CR2E034 (10/00) TITLE Delete TITLE Change Addition CRESPO, CONNIE G NAME NAME 1407 PIZARRO STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CORAL GABLES FL 33134-3621 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition CRESPO, FERNANDA M NAME NAME STREET ADDRESS 1407 PIZARRO STREET STREET ADDRESS CITY-ST-ZIP CORAL GABLES FL 33134-3621 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition CRESPO, MONSERRAT M NAME NAME 1407 PIZARRO STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CORAL GABLES FL 33134-3621 CITY-ST-ZIP ☐ Delete ☐ Change TITLE TITLE ☐ Addition CRESPO, VERONICA A NAME NAME STREET ADDRESS 1407 PIZARRO STREET STREET ADDRESS CITY-ST-ZIP CORAL GABLES FL 33134-3621 CITY-ST-7IP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 eath; 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.

Daytime Phone #