

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90442 006 ***150.00

DOCUMENT # **P960000 46129**

1. Entity Name
CRYSTAL PROFESSIONAL inc

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1839 East ct

3. Mailing Address
1839 East ct

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
LAKE CLARK SHORES

City & State
LAKE CLARK SHORES

4. FEI Number **650669963**

Applied For
Not Applicable

Zip
33406

Country
U.S.A

Zip
33406

Country
U.S.A

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name **NABIL ABOUKHALED**

Street Address (P.O. Box Number is Not Acceptable)

1839 East ct

City **LAKE CLARK SHORES FL** Zip Code **33406**

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

(NOTE: Registered Agent signature required when reinstating)

5/17/02
DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☒
(See criteria on back)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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
NAME
STREET ADDRESS
CITY-ST-ZIP
President
NABIL ABOUKHALED
1839 East ct Lake Clark Shores

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
FL 33406

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**DO NOT WRITE
IN THIS SPACE**

CR2E034B (12/01)

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 on an attachment with an address, with all other I am empowered.

SIGNATURE: **Nabil Aboukhaled**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/17/02 **561-306-3270**

Date

Daytime Phone #