

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 24, 2001 8:00 am
Secretary of State

04-24-2001 90068 010 ***158.75

DOCUMENT # P96000066946

1. Entity Name

CREMONA DEVELOPMENT CORPORATION

Principal Place of Business

**7455 COLLINS AVE
STE 216
MIAMI BCH 33141
US**

Mailing Address

**7455 COLLINS AVE
STE 216
MIAMI BCH FL 33141
US**

2. Principal Place of Business

16330 NW 79 AVE

Suite, Apt. #, etc.

3. Mailing Address

16330 NW 79 AVE

Suite, Apt. #, etc.

City & State

MIAMI LAKES FL

City & State

MIAMI LAKES, FL

Zip

33016

Country

US

Zip

33016

Country

US

4. FEI Number

65-0690114

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LIBERATORE, MICHAEL J
801 BRICKELL AVE.
SUITE 929
MIAMI FL 33131**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **PTVS**
STREET ADDRESS **SILVA, ANTONIO C DA**
CITY-ST-ZIP **7441 WAYNE AVE., #9-Q
MIAMI BEACH FL 33141**

TITLE ☒ Change ☐ Addition
NAME **PTVS**
STREET ADDRESS **SILVA, ANTONIO C DA**
CITY-ST-ZIP **16330 NW 79 AVE
MIAMI LAKES, FL 33016**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

ANTONIO C. DA SILVA
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)