

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 22, 2002 8:00 am
Secretary of State

03-22-2002 90023 035 ***158.75

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DOCUMENT # P96000066946

1. Entity Name

CREMONA DEVELOPMENT CORPORATION

Principal Place of Business

16330 NW 79 AVENUE
 MIAMI LAKES FL 33016
 US

Mailing Address

16330 NW 79 AVENUE
 MIAMI LAKES FL 33016
 US

2. Principal Place of Business

15476 NW 77 CT

Suite, Apt. #, etc.

401

3. Mailing Address

17275 COLLINS AVE

Suite, Apt. #, etc.

511

City & State

MIAMI LAKES, FL 33016

City & State

SUNNY ISLES, FL

4. FEI Number

65-0690114

Applied For

Not Applicable

Zip

33016

Country

USA

Zip

33160

Country

USA

5. Certificate of Status Desired



\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

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

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, 2002 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 PTVS ☐ Delete
 NAME SILVA, ANTONIO C DA
 STREET ADDRESS 16330 NW 79 AVENUE
 CITY-ST-ZIP MIAMI LAKES FL 33016

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PTVS ☒ Change ☐ Addition
 NAME SILVA, ANTONIO C DA
 STREET ADDRESS 17275 COLLINS AVE # 511
 CITY-ST-ZIP SUNNY ISLES, FL 33160

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
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TITLE ☐ Change ☐ Addition
 NAME
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 CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

ANTONIO C. DA SILVA

3/7/02 (305) 962-0029

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)