

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000088296

1. Entity Name

CRESLIN OF FLORIDA, INC.

FILED

Mar 22, 2001 8:00 am
Secretary of State

03-22-2001 90039 027 ***150.00

Principal Place of Business

1020 NW 163RD DRIVE
MIAMI FL 33169
US

Mailing Address

1020 NW 163RD DRIVE
MIAMI FL 33169
US

00027974



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0707693

Applied For

Not Applicable

Zip

Country

Zip

Country

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

JACOBI, KENNETH
1020 NW 163RD DRIVE
MIAMI FL 33169

Kenneth Jacobi & Associates, Inc
1020 NW 163 Drive
MIAMI FL 33169

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: (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	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
P	YESIL, ENGIN	1509 N. VIEW DR.	MIAMI BEACH FL 33140	<input type="checkbox"/>	<input type="checkbox"/>
VP	HUSEYM, KIZANLIKLI	1509 N. VIEW DR.	MIAMI BEACH FL 33140	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

POSTED

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 3/19/01 Daytime Phone #

CR2E034 (10/00)