2002 UNIFORM BUSINESS REPORT (UBR)

P96000092343 **DOCUMENT #** 1. Entity Name

CREW CARE INCORPORATED

Principal Place of Business

244 SW 21 ST FT LAUDERDALE FL 33315 Mailing Address

757 SE 17 ST STE 703 FT LAUDERDALE FL 33316

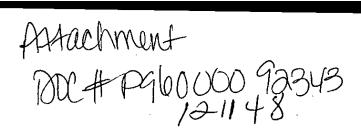
FILED Jul 16, 2002 8:00 am Secretary of State 07-16-2002 90362 003 ***150.00



2. Principal Place of Business 244 Sw 2 (\$154) Suite, Apt. #, etc. Suite, Apt. #, etc.	3	DO NOT WRITE IN THIS SPACE	
City & State	rdale, FL	4. FEI Number 65-0708946 Applied Not Applied	For plicable
33315 USA 33316	Country USA	5. Certificate of Status Desired	ai
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
BERUBE, JEAN EMILY 244 SW 21ST ST FORT LAUDERDALE FL 33315	Name Street Address (City	P.O. Box Number is Not Acceptable) FL Zip Code	
8. The above named entity submits this statement for the purpose of changing it	to registered office		[
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NO 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. After May 1, 2	OTE: Registered Agent signature required 7!!! FEE IS \$150.00 002 Fee will be \$550.00	when reinstating) DATE 10. Election Campaign Financing \$5.00 Ma	
	ble to Department of Stat	e Added to Pe	es
THE INDEPENDING	12,	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1	1
NAME STREET ADDRESS CITY-ST-ZIP Delete Delete Delete Delete	NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ /	Addition
NAME STREET ADDRESS CITY-ST-ZIP T LAUD FL 33315 Delete Delete Delete Delete	TITLE NAME STREET ADDRESS CITY- ST-ZIP	ange □ A	Addition
TITLE SD La Delete NAME STREET ADDRESS CITY-ST-ZIP FT LAUD FL 33315	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ A	Addition
TD BERUBE, PAUL NORMAND 244 SW 21 ST FT LAUD FL 33315	TITLE NAME STREET ADDRESS CITY-SI-ZIP	☐ Change ☐ A	Addition
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ITILE WAME STREET ADDRESS SITY-ST-ZIP 13. I hereby certify that the information supplied with this filing does not qualify for indicated on this report or supplemental report is true and accurate and these indicated on this report or supplemental report is true and accurate and these indicated on this report or supplemental report is true and accurate and these indicated on this report or supplemental report is true and accurate and these indicated on this report or supplemental report is true and accurate and these indicated on this report of supplemental report is true and accurate and these indicated on this report of supplemental report is true and accurate and these indicated on this report of supplemental report is true and accurate and the supplementa	TITLE NAME STREET ADDRESS CITY-ST-ZIP		ddition

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

SIGNATURE:



To: Florida Dept. of State

Re: Filing fees

I apologize for my tardiness in filing and paying the 150.00 fee. Enclosed is a check for 150.00 for Crew Care Inc. In the past year, I had many changes personally and this affected my business. I was unable to take care of the filing fee in time.

I cared for my Mother who had cancer and ultimately passed away. Paul Berube and I divorced also. Again, I apologize for being late with the fee, but I cannot afford the 550.00 and hope that this will be okay with you.

Please accept my check in good faith. Thank you very much.

Kind Regards,

Jeanie Berube President Crew Care Inc.