

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 07, 2003 8:00 am
Secretary of State

02-07-2003 90065 037 ***150.00

DOCUMENT # P96000097079

1. Entity Name
LUCY CRESPO PA



Principal Place of Business
**7370 N.W. 54TH STREET
LAUDERHILL FL 33319
US**

Mailing Address
**7370 N.W. 54TH STREET
LAUDERHILL FL 33319
US**

30020214



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

9742 NW 4th STREET

Suite, Apt. #, etc.

3. Mailing Address

9742 NW 4th STREET

Suite, Apt. #, etc.

City & State

CORAL SPRINGS FL

Zip

33071

Country **USA**

BROWARD

City & State

CORAL SPRINGS, FL

Zip

33071

Country

U.S.A.

4. FEI Number

65-0713907

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**CRESPO, LUCY
7370 N.W. 54TH STREET
FORT LAUDERDALE FL 33319**

7. Name and Address of New Registered Agent

Name

LUCY CRESPO

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

9742 NW 4th STREET

City

CORAL SPRINGS

FL

Zip Code

33071

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. I am familiar with, and accept the obligations of registered agent:

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2/3/03

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **PST.** ☐ Delete
NAME **CRESPO, LUCERO**
STREET ADDRESS **7370 N.W. 54TH STREET**
CITY-ST-ZIP **LAUDERDALE FL 33319**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PST** ☒ Change ☐ Addition
NAME **LUCERO CRESPO**
STREET ADDRESS **9742 NW 4th STREET**
CITY-ST-ZIP **CORAL SPRINGS, FL 33071**

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

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

CR2E034 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/3/03 974-344-4292