

2002 UNIFORM BUSINESS REPORT (UBR)

FILED

02 OCT 17 AM 10:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000009466

1. Entity Name

CRESCENT ALOMA, INC.

Principal Place of Business

1705 SW 86TH AVE.
MIAMI FL 33155

Mailing Address

4785 SW 80TH AVE.
MIAMI FL 33155

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3424357

Applied For

Not Applicable

5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

-FILINGS, INC.

3732 N.W. 18TH STREET

FT. LAUDERDALE FL 33311-4132

MARTIN L. CASSETT
9601 LEE
#602
MIAMI BEACH FL 33141

7. Name and Address of New Registered Agent

Name ED MOSS

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

490 N. ORLANDO AVE # 219

City WINTER PARK

FL

Zip Code 32789

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

ED MOSS

ED MOSS

10/15/02

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

(NOTE: Registered Agent Signature required when registered agent

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 State10. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	RAHMAN, JAVED	
STREET ADDRESS	1705 SW 86TH AVE.	
CITY-ST-ZIP	MIAMI FL 33155	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	RAHMAN, ARIF	
STREET ADDRESS	1705 SW 86TH AVE.	
CITY-ST-ZIP	MIAMI FL 33155	
TITLE	D	<input type="checkbox"/> Delete
NAME	MOTIWALLA, MOHAMMED	
STREET ADDRESS	1705 SW 86TH AVE. 437 LEXINGTON DR	
CITY-ST-ZIP	MIAMI FL 33155 ORLANDO FL 32828	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/30/02

Date

321-663-6551

Daytime Phone #

CR2034 (9/01)

9/16/02

Attachment
Moss and Reeves, P.A.

Certified Public Accountants

678627
P97000009466

480 N. Orlando Avenue, Suite 218
Winter Park, Florida 32789

7232 Sand Lake Road, Suite 101
Orlando, Florida 32819

(407) 644-5811 • FAX (407) 644-6022 • (407) 351-3568
www.mossreeves.com • E-mail: cpa@mossreeves.com

September 30, 2002

Divisions of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

Dear Sir or Madam:

Crescent Aloma, Inc.
EIN: 59-3424357

On behalf of the above-named taxpayer, we are enclosing the 2002 Uniform Business Report (UBR), along with a check in the amount of \$150. Based on the information provided below, we respectfully request a waiver of the late filing fee.

The delay in filing the 2002 UBR was due to an oversight that was not discovered until receipt of your second notice. The business was closed since September 1, 2001 and does not recall receiving your original 2002 UBR. They did not have the UBR due date marked on their calendar and as a result they missed the original filing deadline. A review of the taxpayer's account history will show that this was an isolated event. Upon receipt of your second notice, they took immediate steps to resolve the problem. They have consistently made a good faith effort to timely comply with all of their federal and state filing responsibilities. Based on these facts, we do not feel that they should be burdened with a late filing fee, and we respectfully request a waiver of this amount.

Please give us a call if you need additional information. Thank you for your assistance.

Sincerely,

Ed Moss

W. Ed Moss, Jr., CPA