

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**


7/7/03

**FILED**  
**Jul 25, 2003 8:00 am**  
**Secretary of State**

07-25-2003 90090 020 \*\*\*400.00  
07-07-2003 90307 014 \*\*\*150.00

**DOCUMENT # P97000009466**

1. Entity Name  
**CRESCENT ALOMA, INC.**



Principal Place of Business  
**1705 SW 96TH AVE  
MIAMI FL 33135  
437 Lexington DR.  
ORLANDO FL 32828**

Mailing Address  
**489 LEXINGDALE DR  
ORLANDO FL 32828  
437 Lexington DR.  
ORLANDO FL 32828**

2. Principal Place of Business  
**437 Lexington Drive**

3. Mailing Address  
**437 Lexington Drive**

Suite, Apt. #, etc.

City & State  
**ORLANDO FL**

City & State  
**ORLANDO FL**

Zip  
**32828**

Country

4. FEI Number  
**59-3424357**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**MOSS, ED  
480 N ORLANDO AVE #218  
WINTER PARK FL 32789**

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

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D MOTIWALLA, MOHAMMED 437 LEXINGDALE ORLANDO FL 32828</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: **MOTIWALLA MOHAMMED** **Motiwala** **7/1/03** **321.663.650**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)