

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2000 8:00 am
Secretary of State

01-31-2000 90013 015 ***150.00

DOCUMENT # P97000040450

1. Entity Name

CREST MOBILE HOME SALES, INC.

Principal Place of Business

Mailing Address

2105 BRUCE STREET
 LAKELAND FL 33801

115 AMHERST RD.
 CRANGTON RI 02920-6010

00013136



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

165 E. 32nd St. 15F

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

New York NY

4. FEI Number

59-3453065

Applied For
 Not Applicable

Zip

Country

Zip

Country

10016

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

DUARTE, JOAN
2117 BRUCE STREET
LAKELAND FL 33801

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.

SIGNATURE

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

(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, 2000 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 Delete
 NAME **P DUARTE, JOAN**
 STREET ADDRESS **115 AMHERST RD.**
 CITY-ST-ZIP **CRANSTON RI 02920**

TITLE Change Addition
 NAME *R Joan Duarte*
 STREET ADDRESS *165 E. 32nd St. 15F*
 CITY-ST-ZIP *New York NY 10016*

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
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TITLE Change Addition
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 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: *Joan Duarte* **BEQUIERAN DUARTE** *1-23-00* *212-545-7146*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #