

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 16, 2002 8:00 am
Secretary of State

05-08-2002 90003 039 ***150.00

DOCUMENT # P97000080508

1. Entity Name
CRYSTAL WORLD MAINTENANCE AND SERVICES, INC.

Principal Place of Business
210 WATERWAY VILLAGE
WEST PALM BEACH FL 33413-2163
US

Mailing Address
210 WATERWAY VILLAGE
WEST PALM BEACH FL 33413-2163
US

- 00000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
220 WATERWAY VILLAGE

3. Mailing Address
220 WATERWAY VILLAGE

Suite, Apt. #, etc.
WEST PALM BEACH, FL.

Suite, Apt. #, etc.

City & State
WEST PALM BEACH, FL.

4. FEI Number **65-0825952** Applied For
 Not Applicable

Zip **33413** Country **USA**

Zip **33413** Country **USA**

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

GONZALEZ, FRANCISCO
514 SHADY PINE WAY
APT D2
WEST PALM BEACH FL 33415

Name **MERCEDES GONZALEZ**
 Street Address (P.O. Box Number is Not Acceptable)
514 SHADY PINE WAY APT. D2
WPD
 City **WEST PALM BEACH FL** Zip Code **33415**

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 **MERCEDES GONZALEZ (PRESIDENT)**

DATE **9/10/2002**

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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	V	<input type="checkbox"/> Delete
NAME	GONZALEZ, LESLIE	
STREET ADDRESS	514 SHADY PINE WAY D2	
CITY-ST-ZIP	WEST PALM BEACH FL 33415	
TITLE	PD	<input type="checkbox"/> Delete
NAME	GONZALEZ, MERCEDES	
STREET ADDRESS	514 SHADY PINE WAY D2	
CITY-ST-ZIP	WEST PALM BEACH FL 33415	
TITLE		<input type="checkbox"/> Delete
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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: **MERCEDES GONZALEZ**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE **9/10/2002** Daytime Phone # **(561) 964 7274**

CR2E034 (4/02)