

2002 UNIFORM BUSINESS REPORT (UBR)

0143285 AV

DOCUMENT # P98000012819

1. Entity Name
CRAZY STONE, CORPORATION

FILED

02 JAN 31 AM 9:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

2750 W 63 PLACE
#104
HIALEAH FL 33018

Mailing Address

2750 W 63 PLACE
#104
HIALEAH FL 33018

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3840 E. 8 Lane

Suite, Apt. #, etc.

City & State
Hialeah FL

Zip
33013

Country
USA

3. Mailing Address

Suite, Apt. #, etc.

City & State
Same

Zip

Country

4. FEI Number 65-0811226

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

RODOLFO, ALMIRA
2750 W 63 PLACE
#104
HIALEAH FL 33018

7. Name and Address of New Registered Agent

Name: RODOLFO ALMIRA
Street Address (P.O. Box Number is Not Acceptable): 3840 E. 8 Lane
City: Hialeah FL Zip Code: 33013

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]

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/16/02

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 State

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

11. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	ALMIRA, RODOLFO	
STREET ADDRESS	2750 W 63 PL #104	
CITY-ST-ZIP	HIALEAH FL 33018	
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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALMIRA, RODOLFO	
STREET ADDRESS	3840 E. 8 Lane	
CITY-ST-ZIP	HIALEAH, FL 33013	
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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 1/16/02 Daytime Phone #

CR2E034 (9/01)