

UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2002 8:00 am
Secretary of State

05-28-2002 91743 039 ***150.00

DOCUMENT # **P98 000028750**
 1. Entity Name **CRAZY STORES CORP.**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 5235 N. W. 112th Ave. Suite, Apt. #, etc. 105		3. Mailing Address 5235 N. W. 112th Ave. Suite, Apt. #, etc. 105	
City & State Miami, FL Zip 33178		City & State Miami, FL Zip 33178	
Country USA		Country USA	

DO NOT WRITE IN THIS SPACE

4. FEI Number 650822886	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent	
Name Sergio W. Orefice	
Street Address (P.O. Box Number is Not Acceptable) 5235 N. W. 112th Ave.,	
Suite 105	
City Miami	FL Zip Code 33178

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 _____

FEE IS \$61.25
Initial or Amended UBR

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

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVPD Sergio W. Orefice 9601 Fountainbleau Blvd. # 314 Miami, FL 33172	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD Marinha Orefice 9601 Fountainbleau Blvd., #314 Miami, FL 33172	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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CR2E037B (12/01)

12. 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 617, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: _____