

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90257 011 ***150.00

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

DOCUMENT #P98000036095

1. Entity Name

CRYSTAL AUTO SALES INC



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

12255 NW 22ND AVE.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

MIAMI, FL.

City & State

4. FEI Number

65-0833476

Applied For

Not Applicable

Zip

33167

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

ALBERTO FAMILIA

Street Address (P.O. Box Number is Not Acceptable)

12255 NW 22ND AVE.

City

MIAMI

FL

Zip Code

33167

DO NOT WRITE
IN THIS SPACE

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

[Signature]

ALBERTO FAMILIA

04/23/2003

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE PT
NAME FAMILIA ALBERTO
STREET ADDRESS 12255 NW 22ND AVENUE
CITY-ST-ZIP MIAMI FL 33167

TITLE SV
NAME ENCARNACION ANA F
STREET ADDRESS 12255 NW 22ND AVENUE
CITY-ST-ZIP MIAMI FL 33167

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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)(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 10 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

ALBERTO FAMILIA

4/23/2003

Date

305/953-0975

Daytime Phone #

CR2E034B (12/02)