

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000044613

1. Entity Name

C.R.I.A. RESEARCH, INC.

FILED
Jan 20, 2000 8:00 am
Secretary of State

01-20-2000 90115 036 ***150.00

Principal Place of Business

Mailing Address

5333 N DIXIE HWY. STE 110
OAKLAND PARK FL 33334

5333 N DIXIE HWY. STE 110
OAKLAND PARK FL 33334-3453

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0846505

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

GREENE, MICHAEL S
201 S BISCAYNE BLVD
MIAMI CENTER, STE 900
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name

YVONNE SHERRER

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

5333 N DIXIE HWY

SUITE 110

City

OAKLAND PARK

FL

Zip Code

33334

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 Yvonne Sherrer

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

(NOTE: Registered Agent signature required when reinstating)

1-13-00

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

TITLE ☐ Delete
NAME D
STREET ADDRESS SHERRER, YVONNE R.S. M.D.
CITY-ST-ZIP 5333 N DIXIE HWY, STE 110
OAKLAND PARK FL 33334

TITLE ☐ Delete
NAME D
STREET ADDRESS HERR, KAREN
CITY-ST-ZIP 5333 N DIXIE HWY, STE 110
OAKLAND PARK FL 33334

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ 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 19.07(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: YVONNE SHERRER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-13-00

954-229-7030

CR2E034 (9/99)