

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 11, 2002 8:00 am
Secretary of State

0192120 AV

DOCUMENT # P98000050712

1. Entity Name
RAFAEL G. CRESPO, P.A.

02-11-2002 90111 002 ***150.00



Principal Place of Business
2500 N.W. 79TH AVE
#201
MIAMI FL 33122

Mailing Address
2500 N.W. 79TH AVE
#201
MIAMI FL 33122

2. Principal Place of Business
2500 N.W. 79 Ave
 Suite, Apt. #, etc.
Suite # 208
 City & State
Miami, FL.

3. Mailing Address
2500 N.W. 79 Ave.
 Suite, Apt. #, etc.
Suite # 208
 City & State
Miami, FL.

DO NOT WRITE IN THIS SPACE

Zip **33122** Country **USA**

Zip **33122** Country **USA**

4. FEI Number **65-0844488**
 Applied For
 Not Applicable

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

CRESPO, RAFAEL G
2500 N.W. 79TH AVE
#201 208
MIAMI FL 33122

Name **RAFAEL G. CRESPO**
 Street Address (P.O. Box Number is Not Acceptable)
2500 N.W. 79 AVE., SUITE # 208
 City **Miami** FL Zip Code **33122**

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 **Registered Agent** DATE **1/24/02**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D <input type="checkbox"/> Delete
NAME	CRESPO, RAFAEL G
STREET ADDRESS	2500 N.W. 79TH AVE
CITY-ST-ZIP	MIAMI FL 33122
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	

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRESPO, RAFAEL G.
STREET ADDRESS	2500 N.W. 79 AVE # 208
CITY-ST-ZIP	MIAMI, FL. 33122
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: DATE **1/24/02** DAYTIME PHONE # **305 931449 Ext 207**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)