## 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000071074  1. Entity Name ROSARIO S. CRANE, P.A.				Secretary of State 02-20-2002 90013 012 ***150.00		
Principal Place of Business Mailing Address				<u> </u>		
2711 CHAMBRY LANE 2711 CHAMBRY LANE						
TAMPA FL 33	611	TAMPA FL: 33611		4 (BEC)(BE) (SE 1818) (SES) BESS COST (BESS BESS BESS BESS BESS BESS BESS BES	. 1690 BIBI ( <b>19</b> 1	
2 Principal I	Noon of Dunings	2 Mailing Address				
2. Principal Place of Business 4144 N. ARMENIA Am. 37/1 Chambran				<u>/-</u>		
Suite, Apt, #, etc. Suite, Apt, #, etc.			7.	DO NOT WRITE IN THIS SPACE		
City & Stat		City & State	. FC	FO-3E300E3 H-	Applied For Not Applicable	
Zip 2 2	Country	Zip 22/1/	Country	5 Certificate of Status Desired \$8.75 A	dditional	
<u> </u>	6. Name and Address of Current Re	gistered Agent	<u> </u>	7. Name and Address of New Registered Agent	red	
Name						
CRANE, ROSARIO S  2711 CHAMBRY LANE				(P.O. Box Number is Not Acceptable)		
TAMPA FL 33611						
			City	FL Zip Co	de	
8. The above	named entity submits this statement for the	ne purpose of changing its	registered office or registe	stered 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 require	pired when reinstating) DATE		
Tax filing requirement and elects to do so. After May 1, 2		!! FEE IS \$150.00 02 Fee will be \$550.00 le to Department of St	Trust Fund Contribution Add	00 May Be ed to Fees		
11.	OFFICERS AND DI		12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTO		
NAME STREET ADDRESS	D CRANE, ROSARIO S 2711 CHAMBRY LANE	☐ Delete	TITLE NAME STREET ADDRESS	☐ Change	☐ Addition	
CITY-ST-ZIP TITLE	TAMPA FL 33611	□ Delete	CITY-ST-ZIP	Change	Addition	
NAME		Delete	NAME	□ Giange	L.J Addition	
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP	*	-	
TITLE		☐ Delete	TITLE -	☐ Change	Addition	
NAME STREET ADDRESS			NAME STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		☐ Delete	TITLE	☐ Change	Addition	
NAME STREET ADDRESS			NAME STREET ADDRESS	maga .		
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE NAME		☐ Delete	TITLE NAME	☐ Change	Addition	
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP TITLE		☐ Delete	CITY-ST-ZIP TITLE	Change	☐ Addition	
NAME		∟ Delete	NAME	change	☐ Vagillou	
STREET ADDRESS CITY-S1-ZIP			STREET ADDRESS CITY-ST-ZIP			
13. I hereby of indicated of the cor	Certify that the information supplied with th on this report or supplemental report is tro poration or the receiver or trustee empower, or on an attachment with an address, with	ered to execute this report a	the exemption stated in So y signature shall have the	Section 119.07(3)(i), Florida Statutes, I further certify that the ne same legal effect as if made under oath; that I am an office 307, Florida Statutes; and that my name appears in Block 11	information er or director or Block 12 if	

**SIGNATURE:**