

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000087535

1. Entity Name

CRS MANAGEMENT CORP.

FILED
May 10, 2000 8:00 am
Secretary of State

05-10-2000 90126 032 ***150.00

Principal Place of Business 2075 N POWERLINE RD. SUITE M POMPANO BEACH FL 33069	Mailing Address 2075 N POWERLINE RD. SUITE M POMPANO BEACH FL 33069-1223
---	--

2. Principal Place of Business 3700 COCONUT CREEK PKWY Suite, Apt. #, etc. 100 City & State COCONUT CREEK, FL Zip 33066 Country	3. Mailing Address 3700 COCONUT CREEK PKWY Suite, Apt. #, etc. 100 City & State COCONUT CREEK, FL Zip 33066 Country
---	---



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0870352	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent - CHARLES J. GOLDMAN, P.A. 601 SOUTH FEDERAL HWY HOLLYWOOD FL 33020	7. Name and Address of New Registered Agent Name LEONARD RUBINO Street Address (P.O. Box Number is Not Acceptable) 3700 COCONUT CREEK PKWY STE 100 City COCONUT CREEK FL Zip Code 33066
--	--

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 DATE _____
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) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
--	---	---

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RUBINO, LEONARD 2075 N POWERLINE RD, SUITE M POMPANO BEACH FL 33069 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 3700 COCONUT CREEK PKWY STE 130 COCONUT CREEK, FL 33066
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 _____ Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)