

2000 UNIFORM BUSINESS REPORT (UBR)

2/5/00-90016-046-\$150.00-\$150.00

DOCUMENT # P98000100280

1. Entity Name

CR & MP, INC.

Principal Place of Business

10463 EAST GREENWICH CT
BOCA RATON FL 33428

Mailing Address

10463 EAST GREENWICH CT
BOCA RATON FL 33428-4213

FILED

00 MAR -3 PM 3:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

710355



DO NOT WRITE IN THIS SPACE

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 65-0881608

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

TRUJILLO, RAMON
10463 EAST GREENWICH CT
BOCA RATON FL 33428

Name

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

City

FL

Zip Code

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

Ramon A Trujillo

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

(NOTE: Registered Agent signature required when reinstating)

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 D
NAME TRUJILLO, RAMON
STREET ADDRESS 10463 EAST GREENWICH CT
CITY-ST-ZIP BOCA RATON FL 33428 ☐ Delete

TITLE D
NAME HERMIDA, PEDRO
STREET ADDRESS 5808 NW 109TH AVE
CITY-ST-ZIP MIAMI FL 33178 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Delete

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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: *Ramon A Trujillo*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/1/2000

Date

561 9015146

Daytime Phone #