

FILED
Jul 29, 2002 8:00 am
Secretary of State

07-29-2002 90009 031 ***150.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000100280	
1. Entity Name CR & MP, INC	
Principal Place of Business 9182 GLADES ROAD BOCA RATON, FL 33434	Mailing Address 9182 GLADES ROAD BOCA RATON, FL 33434

676020

2. Principal Place of Business 9182 GLADES ROAD Suite, Apt. #, etc. 9182 City & State BOCA RATON, FLORIDA Zip 33434 Country USA	3. Mailing Address 9182 GLADES ROAD Suite, Apt. #, etc. 9182 City & State BOCA RATON, FLORIDA Zip 33434 Country USA
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DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0881605		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 RAMON TRUJILLO 9182 GLADES ROAD BOCA RATON, FL 33434		7. Name and Address of New Registered Agent Name RAMON TRUJILLO Street Address (P.O. Box Number is Not Acceptable) 9182 GLADES ROAD City BOCA RATON FL Zip Code 33434

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 7/24/2002
Signature, typed or printed name of registered agent and title 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. ☐ **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 ☐ \$5.00
Trust Fund Contribution. 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	P RAMON TRUJILLO 9182 GLADES ROAD BOCA RATON, FL 33434 <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
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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
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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 PRESIDENT 7/24/2002 561-482-4006
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)

Attachment
KATTOURA & ASSOCIATES, INC.
ACCOUNTING, BOOKKEEPING & TAX SERVICES

One S. Ocean Blvd. #315
Boca Raton, Fl. 33432
TEL: (561) 362-0491

P.O. Box 728
Boca Raton, Fl. 33429
FAX: (561) 394-5134

National Society of Tax Professional

June 24, 2002

Division of Corporation
P.O. Box 6327
Tallahassee, FL 32314

Ref: ~~CR & MP, INC D/B/A/ SOETAS SALON II~~
Annual report # P98000100280

6076020

Dear Sirs.

The above referenced corporation has never received any notice at all. We are enclosing a report and the check in the amount of \$ 150.00 for 2002. Please accept this annual report filing 2002.

Although we would like to verify our correct address which is the same as we show in the annual report form.

Thank you for your cooperation in this matter.

If you have any further questions, please do not hesitate to contact us.

Sincerely,


Andre K. Kattoura