

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000000711

Entity Name

CRYSTAL IMAGE PRINTING GROUP, INC.

FILED
Feb 05, 2000 8:00 am
Secretary of State

02-05-2000 90053 024 ***150.00

Principal Place of Business

Mailing Address

9 N.W. 1ST CT.
HALLANDALE FL 33009

1049 N.W. 1ST CT.
HALLANDALE FL 33009-3903

Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0884371

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

TAYLOR, TROY
1049 N.W. 1ST CT.
HALLANDALE FL 33009

7. Name and Address of New Registered Agent

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

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.
(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	President	<input type="checkbox"/> Delete
NAME	Stephen Prem Ots	
STREET ADDRESS	3910 S.W. 4th Ave.	
CITY-ST-ZIP	Hollywood, FL	
TITLE	Vice President	<input type="checkbox"/> Delete
NAME	Darwin Boyd	
STREET ADDRESS	1244 Polk Street	
CITY-ST-ZIP	Hollywood, FL	
TITLE	Treasurer	<input type="checkbox"/> Delete
NAME	Troy Taylor	
STREET ADDRESS	17130 NW 77th Court	
CITY-ST-ZIP	Huntersville, NC	
TITLE	Secretary	<input type="checkbox"/> Delete
NAME	Thomas RUSON	
STREET ADDRESS	6100 SW 37th Court	
CITY-ST-ZIP	Davie, FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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
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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:

Stephen Prem Ots
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-2P-00

Date

954-454-8005

Daytime Phone #