

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 11, 2001 8:00 am
Secretary of State

05-11-2001 90038 048 ***158.75

DOCUMENT # P99000003530

1. Entity Name

CRIBE REALTY, INC.

Principal Place of Business

**7235 CORAL WAY
 SUITE 201
 MIAMI FL 33155**

Mailing Address

**7235 CORAL WAY
 SUITE 201
 MIAMI FL 33155**

2. Principal Place of Business

15327 NW 60th Ave.

Suite, Apt. #, etc.

Suite 240

3. Mailing Address

15327 NW 60th Ave.

Suite, Apt. #, etc.

Suite 240

City & State

Miami Lakes, FL.

City & State

Miami Lakes, FL.

Zip

33014

Country

USA

Zip

33014

Country

USA

4. FEI Number

65-0885314

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

**WOJCIECHOSKI, RICHARD P
 7235 CORAL WAY
 SUITE 201
 MIAMI FL 33155**

Name

Richard P. Wojciechowski

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

15327 NW 60th Ave., Suite 240

City

Miami Lakes

FL

Zip Code

33014

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



Richard P. Wojciechowski **4/26/2001**

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDS WOJCIECHOWSKI, RICHARD P 7235 CORAL WAY, SUITE 201 MIAMI FL 33155	<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	VD WOJCIECHOWSKI, MARIA B 7235 CORAL WAY, SUITE 201 MIAMI FL 33155	<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	VD WOJCIECHOWSKI, MARIA B 7235 CORAL WAY, SUITE 201 MIAMI FL 33155	<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	D WOJCIECHOWSKI, CRISTIAN A 7235 CORAL WAY, SUITE 201 MIAMI FL 33155	<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

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: ☒

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Richard P. Wojciechowski **(305)**
President **4/26/2001** **599-0440**

Date

Daytime Phone #

CR2E034 (10/00)