

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000022970

FILED
Apr 20, 2000 8:00 am
Secretary of State

04-20-2000 90092 022 ***150.00

1. Entity Name

D Crystal Corp

Principal Place of Business

Mailing Address

6552 Arleigh Court
#M205
Boca Raton, FL 33433

6552 Arleigh Court
#M205
Boca Raton, FL 33433

2. Principal Place of Business

6556 Sweet Maple Lane
Suite, Apt. #, etc.

3. Mailing Address

6556 Sweet Maple Lane
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Boca Raton, FL

City & State

Boca Raton, FL

4. FEI Number

65-0907375

Applied For

Not Applicable

Zip

Country

33433

Zip

Country

33433

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

Merrill A. Bookstein
4800 N Federal Highway
Suite 201B
Boca Raton, FL 33431

7. Name and Address of New Registered Agent

Name Deborah Baylis

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

6556 Sweet Maple Lane

City Boca Raton

FL

Zip Code

33433

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

Deborah Baylis

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/12/00

8. 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

OFFICERS AND DIRECTORS

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

<p>PD Deborah Baylis 6552 Arleigh Court #M205 Boca Raton, FL 33433</p> <p>ST - ZIP</p> <p><input type="checkbox"/> Delete</p>	<p>TITLE NAME STREET ADDRESS CITY - ST - ZIP</p> <p>6556 Sweet Maple Lane Boca Raton, FL 33433</p> <p><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</p>
<p><input type="checkbox"/> Delete</p> <p>ST - ZIP</p>	<p>TITLE NAME STREET ADDRESS CITY - ST - ZIP</p> <p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p>
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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:

Deborah Baylis

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/12/00

CR2E034 (9/99)