

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2002 8:00 am
Secretary of State

02-05-2002 90051 032 ***150.00

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DOCUMENT # P99000038972

1. Entity Name

CROMWELL INVESTMENTS, INC.

Principal Place of Business

1731 SE 15TH ST., SUITE 411
 FT. LAUDERDALE FL 33316

Mailing Address

1731 SE 15TH ST., SUITE 411
 FT. LAUDERDALE FL 33316

2. Principal Place of Business

1731 SE 15th St

Suite, Apt. #, etc.

Suite 411

City & State

FT. Lauderdale, FLA

Zip

33316

Country

USA

3. Mailing Address

1731 SE 15th St

Suite, Apt. #, etc.

Suite 411

City & State

FT. Lauderdale, FLA

Zip

33316

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0993875

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

MARTINELLI, VINCENT

1731 SE 15TH ST., SUITE 411

FT. LAUDERDALE FL 33316

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, 2002 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	A	<input type="checkbox"/> Delete
NAME	MARTINELLI, VINCENT	
STREET ADDRESS	1731 SE 15TH ST. #411	
CITY-ST-ZIP	FORT LAUDERDALE FL 33316	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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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
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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:

Vincent R. Martinelli

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

305-9338779

CR2E034 (9/01)