

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000039053

1. Entity Name

CRYSTAL FEATHERS CARVINGS, INC.

FILED
Mar 08, 2001 8:00 am
Secretary of State

03-08-2001 90090 034 ***150.00

Principal Place of Business (NEW ADDR.)

Mailing Address (NEW)

~~3800 NW 23RD PLACE~~
~~COCONUT CREEK FL 33066~~
600 NW 63RD PLACE
OCALA, FL 34475

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~~COCONUT CREEK FL 33066~~
600 NW 63RD PLACE
OCALA, FL 34475

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0562118

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

NOGUEIRA, ANTONIO C

~~3800 NW 23RD PLACE~~
~~COCONUT CREEK FL 33066~~ (NEW ADDRESS)
600 NW 63RD PLACE
OCALA, FL 34475

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, 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 ☐ Delete
D NOGUEIRA, ANTONIO C (NEW ADDRESS)
STREET ADDRESS ~~3800 NW 23RD PLACE~~ 600 NW 63RD PLACE
CITY-ST-ZIP ~~COCONUT CREEK FL 33066~~ OCALA, FL 34475

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

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TITLE NAME ☐ Change ☐ Addition
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: *A. César Nogueira*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MAR 05/2001 (94)294-7769
Date Daytime Phone #

0131852

CR2E034 (10/00)