

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000073105

1. Entity Name
CRYSTAL CLEAR CONSTRUCTION, INC.

FILED
May 14, 2001 8:00 am
Secretary of State
05-14-2001 90230 008 ***150.00

Principal Place of Business Mailing Address
7340 NW 44TH CT. 7340 NW 44TH CT.
LAUDERHILL FL 33319 LAUDERHILL FL 33319

00001143



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address

1320 NW 43 Terr Suite, Apt. #, etc. Suite, Apt. #, etc.

Suite 104

City & State City & State

Lauderhill FL FL

Zip Country Zip Country

33313 USA

4. FEI Number 65-0968227 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

SMITH, LEBERT
1320 NW 43 TERRACE, #104
LAUDERHILL FL 33313

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	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	KNIGHT, OSMOND G		NAME		
STREET ADDRESS	7340 NW 44TH CT.		STREET ADDRESS		
CITY-ST-ZIP	LAUDERHILL FL 33319		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SMITH, LEBERT		NAME		
STREET ADDRESS	1320 NW 43 TERR., #1001		STREET ADDRESS		
CITY-ST-ZIP	LAUDERHILL FL 33313		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	KNIGHT, VALDAH M		NAME		
STREET ADDRESS	7340 NW 44TH CT.		STREET ADDRESS		
CITY-ST-ZIP	LAUDERHILL FL 33319		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: Lebert R. Smith
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-10-01
Date

Daytime Phone #

CR2E034 (10/00)