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FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000098263

1. Entity Name
Crane Repair, Inc.

FILED
02 MAY 28 PM 12:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
9187 fountainbleau Blvd No. 8 Miami, FL 33172

3. Mailing Address
9187 fountainbleau Blvd No. 8 Miami, FL 33172

DO NOT WRITE IN THIS SPACE

4. FFI Number
65-0959749

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

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7. Name and Address of Current Registered Agent
**Fanny L. Socarras
9187 fountainbleau Blvd No. 8 Miami FL 33172**

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 *Fanny L. Socarras*

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (See criteria on back) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 **P**
NAME **Fanny L. Socarras**
STREET ADDRESS **9187 fountainbleau Blvd**
CITY-ST-ZIP **Miami, FL 33172**

800005754048--8
-06/11/02--01095--008
****150.00 ****150.00

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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07, 3(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE *Fanny L. Socarras*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

OFFICER OR DIRECTOR

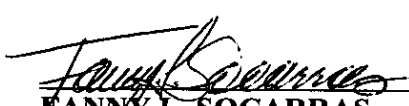
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Division of Corporations
P.O. BOX 6327
Tallahassee, FL 32314

Per instructions from Division of Corporations, I am attaching a check in the amount of \$ 150.00 for the annual report fee with my application.

I also state that I have not received any notice from the Division of Corporations in respect with my Corporation **CRANE REPAIR, INC.**

Thank you for your courtesy in this matter.


FANNY L. SOCARRAS
PRESIDENT