Apr 30 02 12:54p

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FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

DOCUMENT # P99000098263

1. Entity name: Crane Repair, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 9187 fountainbleau Blvd
Suite, Apt. # etc.: No. 8
City & State: Miami, fL
Zip: 33172 Country:

3. Mailing Address: 9187 fountainbleau blvd
Suite, Apt. # etc.: No 8
City & State: Miami, fL
Zip: 33172 Country:

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-0959149 Applied For / Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name: fanny L. Socarras
Street Address (P.O. Box Number is Not Acceptable): 9187 fountainbleau Blvd No. 8
City: 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: [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)

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
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
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CITY-ST-ZIP	

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****150.00 ****150.00

DO NOT WRITE IN THIS SPACE

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 on an attachment with an address, with all other like empowered.

SIGNATURE: [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

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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