

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V66887

1. Entity Name

CRYSTAL INN CO.

FILED
Jan 26, 2001 8:00 am
Secretary of State

01-26-2001 90056 025 ***150.00

Principal Place of Business

2000 JEFFERSON DAVIS HWY.
ARLINGTON VA 22202
US

Mailing Address

270 NE 4TH ST
STE 100
MIAMI FL 33132
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0361911

Applied For

Not Applicable

Zip

Country

Zip

Country

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

CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION FL 33324

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	V	<input type="checkbox"/> Delete
NAME	CORBEDDU, ANTONIO	
STREET ADDRESS	270 NE 4TH ST	
CITY-ST-ZIP	MIAMI FL 33132	
TITLE	VD	<input type="checkbox"/> Delete
NAME	MICANGELI, MAURIZIO	
STREET ADDRESS	270 NE 4TH ST	
CITY-ST-ZIP	MIAMI FL 33132	
TITLE	PD	<input type="checkbox"/> Delete
NAME	TUPINI, CLAUDIO	
STREET ADDRESS	270 NE 4TH ST	
CITY-ST-ZIP	MIAMI FL 33132	
TITLE	D	<input type="checkbox"/> Delete
NAME	LAROCHE, RICHARD F JR	
STREET ADDRESS	2103 SHANNON DR,	
CITY-ST-ZIP	MURFREESBORO TN 37129	
TITLE	D	<input type="checkbox"/> Delete
NAME	FRIEDBAUER, ROGER	
STREET ADDRESS	1500 MIAMI CENTER, 201 S. BISCAYNE BLVD.	
CITY-ST-ZIP	MIAMI FL 33132	
TITLE	D	<input type="checkbox"/> Delete
NAME	LAMACCHIA, GIANNI	
STREET ADDRESS	APARTADO 2053-2100	
CITY-ST-ZIP	SAN JOSE, COSTA RICA	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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STREET ADDRESS		
CITY-ST-ZIP		
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Benoist Casera 01/15/01 (305) 358-0661

Date

Daytime Phone #

CR2E034 (10/00)

01-272