

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 15, 2002 8:00 am**  
**Secretary of State**

03-15-2002 90018 007 \*\*\*150.00

**DOCUMENT # V66887**

**1. Entity Name**  
**CRYSTAL INN CO.**

**Principal Place of Business**  
**2000 JEFFERSON DAVIS HWY.**  
**ARLINGTON VA 22202**  
**US**

**Mailing Address**  
**270 NE 4TH ST**  
**STE 100**  
**MIAMI FL 33132**  
**US**



DO NOT WRITE IN THIS SPACE

**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, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

**10. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**  
 Trust Fund Contribution.

**11. OFFICERS AND DIRECTORS**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** **V** ☐ Delete  
**NAME** **CORBEDDU, ANTONIO**  
**STREET ADDRESS** **270 NE 4TH ST**  
**CITY-ST-ZIP** **MIAMI FL 33132**

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

**TITLE** **VD** ☐ Delete  
**NAME** **MICANGELI, MAURIZIO**  
**STREET ADDRESS** **270 NE 4TH ST**  
**CITY-ST-ZIP** **MIAMI FL 33132**

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

**TITLE** **PD** ☐ Delete  
**NAME** **TUPINI, CLAUDIO**  
**STREET ADDRESS** **270 NE 4TH ST**  
**CITY-ST-ZIP** **MIAMI FL 33132**

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

**TITLE** **D** ☐ Delete  
**NAME** **LAROCHE, RICHARD F JR**  
**STREET ADDRESS** **2103 SHANNON DR,**  
**CITY-ST-ZIP** **MURFREESBORO TN 37129**

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

**TITLE** **D** ☐ Delete  
**NAME** **FRIEDBAUER, ROGER**  
**STREET ADDRESS** **1500 MIAMI CENTER, 201 S. BISCAYNE BLVD.**  
**CITY-ST-ZIP** **MIAMI FL 33132**

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

**TITLE** **D** ☐ Delete  
**NAME** **LAMACCHIA, GIANNI**  
**STREET ADDRESS** **APARTADO 2053-2100**  
**CITY-ST-ZIP** **SAN JOSE. COSTA RICA**

**TITLE** ☐ Change ☐ 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

Date

Daytime Phone #

3/4/02 305 358 0661

CR2E034 (9/01)