

**2020 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F14000002627

**Entity Name:** BARBARA CRANE ASSOCIATES, INC

**Current Principal Place of Business:**

6799 COLLINS AVE, APT PH06  
MIAMI BEACH, FL 33141

**Current Mailing Address:**

6799 COLLINS AVE, APT PH06  
MIAMI BEACH, FL 33141

**FEI Number:** 52-2258267

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CRANE, BARBARA  
6799 COLLINS AVE, APT PH06  
MIAMI BEACH, FL 33141 US

*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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title C  
Name CRANE, BARBARA  
Address 6799 COLLINS AVE, APT PH06  
City-State-Zip: MIAMI BEACH FL 33141

Title VC  
Name CRANE, BARBARA  
Address 6799 COLLINS AVE, APT PH06  
City-State-Zip: MIAMI BEACH FL 33141

Title DT  
Name CRANE, BARBARA  
Address 6799 COLLINS AVE, APT PH06  
City-State-Zip: MIAMI BEACH FL 33141

Title P  
Name CRANE, BARBARA  
Address 6799 COLLINS AVE, APT PH06  
City-State-Zip: MIAMI BEACH FL 33141

Title V  
Name CRANE, BARBARA  
Address 6799 COLLINS AVE, APT PH06  
City-State-Zip: MIAMI BEACH FL 33141

Title S  
Name CRANE, BARBARA  
Address 6799 COLLINS AVE, APT PH06  
City-State-Zip: MIAMI BEACH FL 33141

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** BARBARA CRANE

**MANAGER**

**02/06/2020**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date