

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2002 8:00 am
Secretary of State

04-22-2002 90320 049 ***158.75

DOCUMENT # 342648

1. Entity Name
CROWN DEVELOPMENT OF FLORIDA CORP.

Principal Place of Business
1725 NE 170 STREET
NORTH MIAMI BEACH FL 33162
US

Mailing Address
1725 NE 170 STREET
NORTH MIAMI BEACH FL 33162
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
2045 NE 201 TERR

3. Mailing Address
2045 NE 201 TERR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
NORTH MIAMI BEACH FL

City & State
NORTH MIAMI BEACH FL

4. FEI Number **59-1266781**

Applied For
 Not Applicable

Zip
33179

Country
U.S.A.

Zip
33179

Country
U.S.A.

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

6. Name and Address of Current Registered Agent

HEISLER, SALOMON
1725 N.E. 170TH ST
N. MIAMI BEACH FL 33162

7. Name and Address of New Registered Agent

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 _____ (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 Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
 NAME **HEISLER, SALOMON**
 STREET ADDRESS **1725 N.E. 170TH STREET**
 CITY-ST-ZIP **N. MIAMI BEACH FL**

TITLE **D** ☐ Delete
 NAME **HEISLER, STEVEN**
 STREET ADDRESS **4711 SOUTH HIMES AVENUE, APT 1909**
 CITY-ST-ZIP **TAMPA FL 33611**

TITLE **S** ☐ Delete
 NAME **HEISLER FLINT, ILEANA**
 STREET ADDRESS **3530 MYSTIC POINT DRIVE, TWR 500 APT.1511**
 CITY-ST-ZIP **AVENTURA FL**

TITLE **VPT** ☐ Delete
 NAME **HEISLER, HARRY**
 STREET ADDRESS **9032 BYRON AVENUE**
 CITY-ST-ZIP **SURFSIDE FL 33154**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE **D** ☒ Change ☐ Addition
 NAME **HEISLER, STEVEN**
 STREET ADDRESS **1028 NORMANDY TRAIL ROAD**
 CITY-ST-ZIP **TAMPA, FL 33602**

TITLE **S** ☒ Change ☐ Addition
 NAME **HEISLER FLINT, ILEANA**
 STREET ADDRESS **2045 NE 201 TERR**
 CITY-ST-ZIP **NORTH MIAMI BEACH FL 33179**

TITLE **VPT** ☒ Change ☐ Addition
 NAME **HEISLER HARRY**
 STREET ADDRESS **10332 SW 164 CT**
 CITY-ST-ZIP **MIAMI FL 33196**

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

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 REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 12/2002
 Date

Daytime Phone #

CR2E034 (9/01)