

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Mar 01, 2001 8:00 am**
Secretary of State

03-01-2001 90060 017 ***150.00

DOCUMENT # F93000001440

1. Entity Name

CROWN AGENTS INTERNATIONAL LIMITED, INC.

Principal Place of Business

**901 PONCE DE LEON BLVD.
SUITE 203
CORAL GABLES FL 33134-3073**

Mailing Address

**901 PONCE DE LEON BLVD.
SUITE 203
CORAL GABLES FL 33134-3073**

6 6 6 1 0 6



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 **98-0133252**

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

**ANDREWS, GLORIA
901 PONCE DE LEON BLVD.
SUITE 203
CORAL GABLES FL 33134**

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	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
<input type="checkbox"/> Delete	D BERRY, PETER F	ST. NICHOLAS HOUSE, ST. NICHOLAS RD	SUTTON SU SMIE-L	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> Delete	D JAMIESON, DAVID G	ST. NICHOLAS HOUSE, ST. NICHOLAS RD	SUTTON SU SMIE-L	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> Delete	D GODLEY, GRAHAM RONALD	ST. NICHOLAS HOUSE, ST. NICHOLAS RD	SUTTON SU SMIE-L	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> Delete	D KNAPTON, LINDA J	ST. NICHOLAS HOUSE ST. NICHOLAS RD	SUTTON SU SMI- IEL	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> Delete	S KENT, HEATHER A	ST. NICHOLAS HOUSE, ST. NICHOLAS RD	SUTTON SU SMIE-L	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> Delete	D WARREN, ELIZABETH R	ST. NICHOLAS HOUSE, ST. NICHOLAS RD	SUTTON SU SMIE-L	<input type="checkbox"/> Change <input type="checkbox"/> Addition			

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: Heather Kent **HEATHER KENT**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

16 JAN 2001

Date

+44 20 8710 6304

Daytime Phone #

CR2E034 (10/00)