

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 07, 2001 8:00 am
Secretary of State
 05-07-2001 90021 018 ***150.00

DOCUMENT # P00000050707

1. Entity Name
CRUSH HARD WEAR, INC.

Principal Place of Business
**6158 PALM BREEZES DRIVE
 LANTANA FL 33462**

Mailing Address
**6158 PALM BREEZES DRIVE
 LANTANA FL 33462**

2. Principal Place of Business
4201 WESTGATE AVE.

3. Mailing Address
4201 WESTGATE AVE.

Suite, Apt. #, etc.
SUITE B-9

Suite, Apt. #, etc.
SUITE B-9

City & State
WEST PALM BCH., FL

City & State
WEST PALM BCH., FL

Zip
33409

Country
USA

Zip
33409

Country
USA

4. FEI Number
65-1012926

Applied For
 Not Applicable

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

**KRAMER, SCOTT ESQ.
 6650 WEST INDIANTOWN ROAD
 SUITE 200
 JUPITER FL 33458**

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
**D
 MOSCARIELLO, LES
 6158 PALM BREEZES DRIVE
 LANTANA FL 33462** ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY - ST - ZIP
**D
 MOSCARIELLO, LES
 16034 E. PIMLICO DR.
 LOXAHATCHEE, FL 33470** ☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY - ST - ZIP
**D
 MOSCARIELLO, JULIE A
 6158 PALM BREEZES DRIVE
 LANTANA FL 33462** ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY - ST - ZIP
**D
 MOSCARIELLO, JULIE
 16034 E. PIMLICO DR.
 LOXAHATCHEE, FL 33470** ☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY - ST - ZIP
☐ Delete

TITLE
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 CITY - ST - ZIP
☐ Change ☐ 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:

LES MOSCARIELLO
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/01 561.242.7993
 Date Daytime Phone #

CR2E034 (10/00)