

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2002 8:00 am
Secretary of State

05-28-2002 91610 033 ***150.00

DOCUMENT # P00000050707

1. Entity Name
CRUSH HARD WEAR, INC.

Principal Place of Business
4201 WESTGATE AVENUE
SUITE B-9
WEST PALM BEACH FL 33409

Mailing Address
4201 WESTGATE AVENUE
SUITE B-9
WEST PALM BEACH FL 33409

2. Principal Place of Business
4201 Westgate Ave
 Suite, Apt. #, etc.
A-15

3. Mailing Address
4201 Westgate Ave
 Suite, Apt. #, etc.
A-15

City & State
West Palm Beach, FL
 Zip
33409
 Country
USA

City & State
West Palm Beach, FL
 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

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

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
D MOSCARELLO, LES
16034 E PIMLICO DRIVE
LOXAHATCHEE FL 33470 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
D MOSCARELLO, JULIE A
16034 E PIMLICO DRIVE
LOXAHATCHEE FL 33470 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

TITLE
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 CITY-ST-ZIP
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE
 NAME
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 CITY-ST-ZIP
☐ Change ☐ Addition

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☐ 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 MOSCARELLO, PRESIDENT 4/30/02 561.242.7993
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)