

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 19, 2002 8:00 am
Secretary of State

02-19-2002 90021 001 ***150.00

DOCUMENT # P00000062845

1. Entity Name

CROWN METAL INDUSTRIES, INC.

Principal Place of Business

**16300 NE 19 AVENUE SUITE 100
 NORTH MIAMI BEACH FL 33162**

Mailing Address

**16300 NE 19 AVENUE SUITE 100
 NORTH MIAMI BEACH FL 33162**

2. Principal Place of Business

3. Mailing Address

16300 NE 19 Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

N Miami, Bch FL

4. FEI Number

65-1019081

Applied For

Not Applicable

Zip

Country

Zip

Country

33162

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

SILVA, FERNANDO

**16300 NE 19 AVENUE SUITE 100
 NORTH MIAMI BEACH FL 33162**

Name

Silva Fernando

Street Address (P.O. Box Number is Not Acceptable)

16300 NE 19 Ave

Suite C

City

N. Miami, Bch

FL

Zip Code

33162

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

2/01/02

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete
 NAME **MONROY, LUZ ADRIANA**
 STREET ADDRESS **19477 NE 10 AVE #204**
 CITY-ST-ZIP **NORTH MIAMI BEACH FL 33160**

TITLE **PD** ☒ Change ☐ Addition
 NAME **MONROY, LUZ ADRIANA**
 STREET ADDRESS **18225 NW 73 AVE Building 4 APT 302**
 CITY-ST-ZIP **Miami Lakes FL 33015**

TITLE **VD** ☐ Delete
 NAME **MONROY, SANDRA P**
 STREET ADDRESS **19477 NE 10 AVE #204**
 CITY-ST-ZIP **NORTH MIAMI BEACH FL 33160**

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

TITLE **TD** ☐ Delete
 NAME **MONROY, RAUL A**
 STREET ADDRESS **19477 NE 10 AVE #204**
 CITY-ST-ZIP **NORTH MIAMI BEACH FL 33160**

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

TITLE ☐ Delete
 NAME
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 CITY-ST-ZIP

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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: **Sandra P. Monroy**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/1/02

Date

Daytime Phone #

CR20034 (9/01)