

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 07, 2003 8:00 am
Secretary of State

03-07-2003 90084 045 ***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 C
NORTH MIAMI BEACH FL 33162



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-1019081**

Applied For
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SILVA, FERNANDO
16300 NE 19 AVENUE SUITE C
NORTH MIAMI BEACH FL 33162

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. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete
NAME **MONROY, LUZ ADRIANA**
STREET ADDRESS **18225 NW 73 AVE BLD A APT 302**
CITY-ST-ZIP **MIAMI LAKES FL 33015**

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

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

TITLE **D** ☒ Change ☐ Addition
NAME **MONROY, SANDRA P.**
STREET ADDRESS **18225 NW 73 AVE. APT 302**
CITY-ST-ZIP **MIAMI LAKES FL 33015**

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 **D** ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VP** ☐ Change ☒ Addition
NAME **CADENA, GUILLERMO**
STREET ADDRESS **18225 NW 73 AVE APT 302**
CITY-ST-ZIP **MIAMI LAKES FL 33015**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF FINANCING OFFICER OR DIRECTOR

03/04/03

Date

Daytime Phone #

CR2E034 (10/02)