

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

AMMENDMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 MAY 16 PM 4:01

DOCUMENT # P00000073955

1. Entity Name

CROWN MUFFLER AND BRAKES INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

738 N.W. 9th AVENUE

3. Mailing Address

738 N.W. 9th AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

FT. LAUDERDALE FL

City & State

FT. LAUDERDALE FL

4. FEI Number

651026405

Applied For

Not Applicable

Zip

33311

Country

BROWARD

Zip

33311

Country

BROWARD

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

WILHELM L. RADKIN

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

12121 N.W. 5th CT.

City

PLANTATION

FL

Zip Code

33325

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)

☒

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
WILHELM L. RADKIN
12121 N.W. 5th CT
PLANTATION FL 33325

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
WILHELM L. RADKIN
12121 NW 5th COURT
PLANTATION FL 33325

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CLAIRE ADONIS NELSON RADKIN
12121 NW 5th CT
PLANTATION FL 33325

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V/T/M/S
CLAIRE ADONIS NELSON RADKIN
12121 NW 5th COURT
PLANTATION FL 33325

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5/24/02

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Claire Nelson Radkin

4-29-02

454 463 8083

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)