

FILED
Jul 16, 2003 8:00 am
Secretary of State

07-16-2003 90045 023 ***150.00

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

DOCUMENT # P00000073955

1. Entity Name
CROWN MUFFLERS & BRAKES, INC.



Principal Place of Business
738 NW 9TH AVE.
FT. LAUDERDALE, FL 33311

Mailing Address
738 NW 9TH AVE.
FT. LAUDERDALE, FL 33311

2. Principal Place of Business
2710 W. SUNRISE BLVD
Suite, Apt. #, etc.

3. Mailing Address
2710 W. SUNRISE BLVD
Suite, Apt. #, etc.

City & State
Font LAUDERDALE, FL
Zip
33311
Country
BROWARD

City & State
Font LAUDERDALE, FL
Zip
33311
Country
BROWARD

4. FEI Number
65-1026405

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

RADLEIN, WILHELM
12121 N.W. 5TH COURT
PLANTATION, FL 33325

Name

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

City

FL

Zip Code

7. Name and Address of New Registered Agent

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

TITLE	PTD	<input type="checkbox"/> Delete
NAME	RADLEIN, WILHELM	
STREET ADDRESS	12121 NW 5TH COURT	
CITY-ST-ZIP	PLANTATION, FL 33325	
TITLE	VTMS	<input type="checkbox"/> Delete
NAME	NELSON RADLEIN, CLAIRE ADONIS	
STREET ADDRESS	12121 NW 5TH COURT	
CITY-ST-ZIP	PLANTATION, FL 33325	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 507, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)