2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR)

P00000079660

Mailing Address

2530 N W 131ST STREET

DOCUMENT # 1. Entity Name

SIGNATURE:

CROWN MORTGAGE CORPORATION

Principal Place of Business 1799 NE 164 ST. 3102

04-28-2003 91351 010 150.00

FILED
Apr 28, 2003 8:00 am
Secretary of State
04 38 3003 01351 010 ***150 00

NORTH MIAMI DEACH FL 33162		MIAMI FL 3316/				
2. Principal F	Place of Business THE B. HOVE	3. Mailing Address		. I TORKTOOT TIL BEKIT OOTIL BOUK BOLK BOLK DEKK TOORD TELLE BUIKE OOTIL BOUK BOLK BOLK BOLK BOLK BOLK BOLK BOLK BOL		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES		
City & Stat	e	City & State		4. FEI Number 65-0256323 Applied For Not Applicable		
Zip	Country	Zip	Country	5. Certificate of Status Desired \$8.75 Additional Fee Required		
	6. Name and Address of Current I	Registered Agent	Name	7. Name and Address of New Registered Agent		
ODICOIC CASAAAN ICI			Ivanie	Name		
OBJESIE, EMMANUEL			Street Addre	Street Address (P.O. Box Number is Not Acceptable)		
2530 N W 131ST STREET						
MIAMI FL 33167						
			City	FL Zip Code		
the obligat	named entity submits this statement for lions of registered agent. Signature, typed or printed name of registered agent a		egistered office or regi	registered agent, or both, in the State of Florida. I am familiar with, and accept		
Afte Make Check	ILE.NOWIII FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 k Payable to Florida Department of	State	والمراجعة والمستعمر المساوي	9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees		
10.	OFFICERS AND I		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
NAME STREET ADDRESS CITY-ST-ZIP	PSD OBIESIE, EMMANUEL 2530 N W 131ST STREET MIAMI FL 33167	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S OBLESIE, CATHERINE 2530 NW 131 ST MIAMI FL 33167	Delete .	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS- CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS 1	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
indicated	on this report or supplemental report is	true and accurate and that my	v signature shall have t	in Section 119.07(3)(i), Florida Statutes. I further certify that the information at the same legal effect as if made under oath; that I am an officer or director or 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if		