

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Mar 22, 2001 08:00 AM**  
**Secretary of State**

**DOCUMENT # P00000084813**

1. Entity Name  
**CROWN JEWEL ENTERPRISE, INC.**

Principal Place of Business 7185 TAM 'O SHANTER BLVD.  NORTH LAUDERDALE FL 33068	Mailing Address 7185 TAM 'O SHANTER BLVD.  NORTH LAUDERDALE FL 33068
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2. Principal Place of Business 7185 TAM  Suite, Apt. #, etc.	3. Mailing Address 7185 TAM  Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State NORTH LAUDERDALE FL	City & State NORTH LAUDERDALE FL	4. FEI Number <b>65-1038038</b>	Applied For <input type="checkbox"/>
Zip 33068	Country	Zip 33068	Country

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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**6. Name and Address of Current Registered Agent**

**LOPEZ ERIC**  
 7185 TAM 'O SHANTER BLVD.  
  
 NORTH LAUDERDALE FL 33068 US

**7. Name and Address of New Registered Agent**

Name  
**LOPEZ ERIC**  
 Street Address (P.O. Box Number is Not Acceptable)  
 7185 TAM  
  
 City  
**NORTH LAUDERDALE FL** Zip Code  
**33068**

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 **ERIC LOPEZ**

**03/22/2001**

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)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 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 D	<input type="checkbox"/> Delete
NAME <b>BONILLA BRUCE</b>	
STREET ADDRESS 3572 N.W. 39 AVE.	
CITY-ST-ZIP <b>LAUDERDALE LAKE FL 33309</b>	
TITLE D	<input type="checkbox"/> Delete
NAME <b>LOPEZ ERIC</b>	
STREET ADDRESS 7185 TAM	
CITY-ST-ZIP <b>NORTH LAUDERDALE FL 33068</b>	
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	

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	
STREET ADDRESS	
CITY-ST-ZIP	
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	
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: **ERIC LOPEZ**

**D** **03/22/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)