

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

FILED
May 29, 2002 8:00 am
Secretary of State

05-29-2002 93597 042 ***150.00

DOCUMENT # **P00000084813**
1. Entity Name
Crown Jewel Enterprise, Inc ✓

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
7185 Tam O Shanter Blvd
Suite, Apt. #, etc.

3. Mailing Address
7185 Tam O Shanter Blvd
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
N. Lauderdale, FL

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N. Lauderdale, FL

4. FEI Number
65-1038038

Applied For
 Not Applicable

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

Zip
33068

Country
Broward

Zip
33068

Country
Broward

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Eric Lopez

Street Address (P.O. Box Number is Not Acceptable)
7185 Tam O Shanter Blvd

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. **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	OWNER Eric Lopez 7185 Tam O Shanter Blvd N. Lauderdale, FL 33068	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	OWNER Bruce Bonilla 3572 N.W. 39 AVE Lauderdale Lakes, FL 33309	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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CR2E034B (12/01)

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: _____ **5/8/2** (954) 254-9296
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #