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**NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P00000094399

1. Entity Name

CROWN PRODUCTS GROUP, INC.

FILED

02 SEP 12 PM 12:16

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

800007807448--3

-09/17/02--01066--018

\*\*\*\*150.00 \*\*\*\*150.00

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

141 N.E. 3RD AVENUE

3. Mailing Address

141 N.E. 3RD AVENUE

Suite, Apt. #, etc.

SUITE: 406

Suite, Apt. #, etc.

SUITE: 406

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip

33132

Country

US

Zip

33132

Country

US

4. FEI Number

65-1045616

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

LUCINDA M. COLAUTTI

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

141 N.E. 3RD AVENUE STE: 406

City MIAMI

FL

Zip Code 33132

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IN THIS SPACE**

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

9/11/02

FEE \$ \$61.25

Initial or Amended UBR

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
(P) GUILLERMO H. LOZANO  
141 NE 3RD AVENUE STE: 406  
MIAMI, FL 33132

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
(T) LUCINDA M. COLAUTTI  
141 NE 3RD AVENUE STE: 406  
MIAMI, FL 33132

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
(V) WILLIAM JOSEPH TOLEDO  
141 N.E. 3RD AVENUE STE: 406  
MIAMI, FL 33132

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

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IN THIS SPACE**

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 617, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all families empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

9/11/02

Daytime Phone: #

CR2E037B (12/01)

CROWN PRODUCTS GROUP, INC.  
DOC. # P00000094399

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TO: DIVISION OF CORPORATION  
P.O. BOX 6327  
TALLAHASSEE, FL 32314

TO WHOM IT MAY CONCERN:

AS PER YOUR INSTRUCTIONS, ENCLOSED YOU WILL FIND THE ANNUAL REPORT FORM ALONG WITH A CHECK PAYABLE TO THE FLORIDA DEPARTMENT OF STATE TO PROPERLY UP-DATE THE ABOVE MENTIONED CORPORATION.

I NEVER RECEIVED ANY NOTICE FROM YOUR OFFICE OF SUCH REPORT. PLEASE TAKE THIS LETTER AS AN EXCUSE TO PUT THIS CORPORATION IN ITS CURRENT STATUS AND WAIVE ANY LATE FEES.

THANK YOU IN ADVANCE FOR YOUR PROMPT ATTENTION IN THIS MATTER AND IF YOU SHOULD HAVE ANY QUESTION REGARDING THIS LETTER DON'T HESITATE TO CONTACT ME.

CORDIALLY

  
LUCINDA M. COLAUTTI  
VICE-PRESIDENT