

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 90151 031 \*\*\*158.75

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**DOCUMENT # P00000106963**

1. Entity Name  
**CROWN 21 INVESTMENTS, INC.**



Principal Place of Business  
**849 TANGLEWOOD CIRCLE  
WESTON FL 33327**

Mailing Address  
**849 TANGLEWOOD CIRCLE  
WESTON FL 33327**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number  
**65-1058335**

Applied For  
Not Applicable

Zip Country

Zip Country

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

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CORONA, LUIS  
849 TANGLEWOOD CIRCLE  
WESTON FL 33327**

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

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 \_\_\_\_\_ (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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                                                |                                                                                                  |                                 |
|------------------------------------------------|--------------------------------------------------------------------------------------------------|---------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>P</b><br><b>CORONA, RIVERA F</b><br><b>849 TANGLEWOOD CIRCLE</b><br><b>WESTON FL 33327</b>    | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>V</b><br><b>PARRA, HAIR</b><br><b>17363 SW 19TH STREET</b><br><b>MIRAMAR FL 33029</b>         | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>S</b><br><b>BETANCOURT, ROMAN</b><br><b>905 NANDINA DR</b><br><b>WESTON FL 33327</b>          | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>T</b><br><b>DEBETANCOURT, MAIGUALIDA M</b><br><b>905 NANDINA DR</b><br><b>WESTON FL 33327</b> | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D</b><br><b>MORALES, MIRIAM</b><br><b>905 NANDINA DR</b><br><b>WESTON FL 33327</b>            | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D</b><br><b>CORONA, FELIPE</b><br><b>17110 SW 36TH COURT</b><br><b>MIRAMAR FL 33027</b>       | <input type="checkbox"/> Delete |

|                                                |                                                                                                    |                                                                              |
|------------------------------------------------|----------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>P</b><br><b>PARRA, HAIR</b><br><b>17363 SW 19TH ST</b><br><b>MIRAMAR, FL. 33029</b>             | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>V</b><br><b>CORONA, LUIS</b><br><b>849 TANGLEWOOD CIR.</b><br><b>WESTON, FL. 33327</b>          | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>S</b><br><b>BETANCOURT, ROMAN</b><br><b>905 NANDINA DR.</b><br><b>WESTON, FL. 33327</b>         | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>T</b><br><b>SCHIAVO, GIOVANNA</b><br><b>905 NANDINA DR.</b><br><b>WESTON, FL. 33327</b>         | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D</b><br><b>CORONA, FELIPE</b><br><b>17110 SW 36TH COURT</b><br><b>MIRAMAR, FL. 33027</b>       | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D</b><br><b>BETANCOURT, MAIGUALIDA M.</b><br><b>905 NANDINA DR.</b><br><b>WESTON, FL. 33327</b> | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |

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 607, 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: **Luis CORONA**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/24/03  
Date

(954)  
385.95.71  
Daytime Phone #

CR2E034 (10/02)