

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 24, 2002 8:00 am**  
**Secretary of State**

05-24-2002 90561 022 \*\*\*150.00

**DOCUMENT # P01000020101**

1. Entity Name

**CROWN MANAGEMENT AND INVESTMENT CORP.**

Principal Place of Business

**16951 SW 149 AVENUE  
 MIAMI FL 33183**

Mailing Address

**16951 SW 149 AVENUE  
 MIAMI FL 33183**

2. Principal Place of Business

**12216 SW 132 CT**

3. Mailing Address

**12216 SW 132 CT**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Miami, FL**

City & State

**Miami, FL**

Zip

**33186**

Country

**U.S.**

Zip

**33186**

Country

**U.S.**

4. FEI Number

**65-1079233**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**AZUA, ROBERTO L  
 16951 SW 149 AVENUE  
 MIAMI FL 33183**

7. Name and Address of New Registered Agent

Name **AZUA, Roberto L.**  
 Street Address (P.O. Box Number is Not Acceptable)  
**12216 SW 132 CT**  
 City **MIAMI** FL Zip Code **33186**

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 used or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**5/1/02**

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, 2002 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

TITLE	PD	<input type="checkbox"/> Delete
NAME	<b>AZUA, ROBERTO L</b>	
STREET ADDRESS	<b>16951 SW 149 AVENUE</b>	
CITY-ST-ZIP	<b>MIAMI FL 33183</b>	
TITLE	D	<input type="checkbox"/> Delete
NAME	<b>ROZAS, JOSEL</b>	
STREET ADDRESS	<b>14367 SW 98 TERRAS</b>	
CITY-ST-ZIP	<b>MIAMI FL 33186</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"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>AZUA, ROBERTO L</b>	
STREET ADDRESS	<b>12216 SW 132 CT</b>	
CITY-ST-ZIP	<b>Miami, FL 33186</b>	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ROZAS, JOEL</b>	
STREET ADDRESS	<b>12216 SW 132 CT</b>	
CITY-ST-ZIP	<b>Miami, FL 33186</b>	
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:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**5/1/02**

CR2E034 (9/01)