

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 28, 2002 8:00 am**  
**Secretary of State**

05-28-2002 90710 025 \*\*\*150.00

**DOCUMENT # P01000069675**

**1. Entity Name**  
**D CROWN DESIGNERS INSTALLATIONS, INC.**

**Principal Place of Business**  
**C/O ROTH, ROUSSO & DARRACH, P.A.**  
**3440 HOLLYWOOD BLVD., SUITE 360**  
**HOLLYWOOD FL 33021**

**Mailing Address**  
**C/O ROTH, ROUSSO & DARRACH, P.A.**  
**3440 HOLLYWOOD BLVD., SUITE 360**  
**HOLLYWOOD FL 33021**

**2. Principal Place of Business**  
**1396 NE 125th STREET**

**3. Mailing Address**  
**1396 NE 125th STREET**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**City & State**  
**NORTH MIAMI - FLORIDA**

**City & State**  
**NORTH MIAMI - FLORIDA**

**4. FEI Number**  
**65-1124884**

**Applied For**  
**Not Applicable**

**Zip**  
**33161**

**Country**  
**USA**

**Zip**  
**33161**

**Country**  
**USA**

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

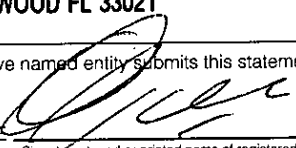
## 6. Name and Address of Current Registered Agent

**ROTH, LEONARDO A ESQ.**  
**C/O ROTH, ROUSSO & DARRACH, P.A.**  
**3440 HOLLYWOOD BLVD., SUITE 360**  
**HOLLYWOOD FL 33021**

## 7. Name and Address of New Registered Agent

**Name** **NESTOR FABIAN AYALA**  
**Street Address (P.O. Box Number is Not Acceptable)**  
**16950 NORTH BAY ROAD - APT. # 1112**  
**City** **SUNNY ISLES** **FL** **Zip Code** **33160**

**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**  **NESTOR FABIAN AYALA - PRESIDENT**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**DATE**  
**05-03-02**

**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** ☐ **\$5.00 May Be Added to Fees**  
**Trust Fund Contribution.**

## 11. OFFICERS AND DIRECTORS

<b>TITLE</b>	<b>DPT</b>	<input type="checkbox"/> Delete
<b>NAME</b>	<b>AYALA, NESTOR</b>	
<b>STREET ADDRESS</b>	<b>1396 N.E. 125TH ST.</b>	
<b>CITY-ST-ZIP</b>	<b>N. MIAMI BEACH FL 33161</b>	
<b>TITLE</b>	<b>DVS</b>	<input type="checkbox"/> Delete
<b>NAME</b>	<b>DUEÑAS, RICHARD</b>	
<b>STREET ADDRESS</b>	<b>1396 N.E. 125TH ST.</b>	
<b>CITY-ST-ZIP</b>	<b>N. MIAMI BEACH FL 33161</b>	
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

**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:**  **NESTOR F. AYALA**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**DATE**  
**05-03-02**

**DAYTIME PHONE #**  
**305-891-8281**

CR2E034 (9/01)

*Attachment*  
*# P01000069675*

**D Crown Designers Installations, Inc.**  
**Residential & Commercial**

*806475*

May 3, 2002

**FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
UNIFORM BUSINESS REPORT FILINGS  
P.O. BOX 1500  
TALLAHASSEE, FL 32302-1500**

**REF: Document # P01000069675  
DCrown Designers Installations Inc.  
Tax Payer # 65-1124884  
UBR 2002**

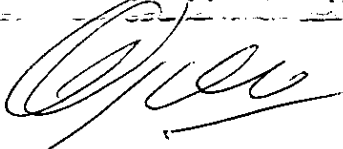
To whom it may concern,

Today, May 3<sup>rd</sup> 2002, I received from the office of "Roth, Rousso and Darrach, P.A.", a note mentioning that we should have paid till May 1<sup>st</sup> (which is already late), the mentioned UBR 2002 for \$150.-

It's not that only that it is already late, but that they haven't even informed us about this in time, so by this letter I would appreciate if you could please consider of removing the penalty or late fee charge usually applied in this cases.

Besides, you will notice that in the form we have already changed the "Registered Agent" and mailing address, so that we can be sure that this incident is not going to be repeated.

Very truly yours, we appreciate in advance your efforts.



Nestor Fabian Ayala