# FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**
**Apr 03, 2002 8:00 am**
**Secretary of State**
04-03-2002 90033 009 ***150.00

DOCUMENT # P01000121614

1. Entity Name
CREW USA, INC.

80058592

**DO NOT WRITE IN THIS SPACE**

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| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 2001 PALM BEACH LAKES BLVD | 2001 PALM BEACH LAKES BLVD |
| Suite, Apt. #, etc.: SUITE 303 | Suite, Apt. #, etc.: SUITE 303 |
| City & State: WEST PALM BEACH, FL | City & State: WEST PALM BEACH, FL |
| Zip: 33409 Country: USA | Zip: 33409 Country: USA |

4. FEI Number: 30-0023910 ☐ Applied For ☐ Not Applicable

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

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**7. Name and Address of Current Registered Agent**

Name: MICHAEL J. FAIRCLOUGH

Street Address (P.O. Box Number is Not Acceptable): 11380 PROSPERITY FARMS RD. #112

City: PALM BEACH GARDENS FL Zip Code: 33410

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. (See criteria on back) ☐

**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 | PD |
| NAME | PETER VAN LEEUWEN |
| STREET ADDRESS | 13490 NORTHUMBERLAND CIRCLE |
| CITY-ST-ZIP | WELLINGTON, FL 33414 |
| TITLE | SD |
| NAME | IAN RELF |
| STREET ADDRESS | 880 LEMONGRASS LANE |
| CITY-ST-ZIP | WELLINGTON, FL 33414 |
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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:** Peter Van Leeuwen 3-26-02 561-688-2600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #