2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

DOCUMENT # P9200008583 1. Entity Name CROWN CONSTRUCTION CORP.					FILED Feb 08, 2000 8:00 am Secretary of State			
Principal Place	e of Business	Mailing Address	<u> </u>		02-	08-2000 9013	6 006 ***13	0.00
8245 S.W. 4TH ST. MIAMI FL 33144		8245 S.W. 4TH ST. MIAMI FL 33144-3501						
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			С	OO NOT WRITE IN	THIS SPACE	
City & State		City & State		4. 1	El Number 6	5-0386621		Applied For Not Applicable
Zip	Country	Zip	Country	5. (Certificate of Stat	tus Desired [\$8.75 Fee Requ	Additional
	6. Name and Address of Current Re	egistered Agent		. 7. !	Name and Addre	ess of New Regis		
			Name					
QUINONES, NIRZA 8245 S.W. 4TH ST. MIAMI FL 33144			Street A	Street Address (P.O. Box Number is Not Acceptable)				
			City				FL Zip C	Code
SIGNATURE _	named entity submits this statement for the stat	title if applicable (NOT	E: Registered Agent signa	ture required when re		e State of Florida.	DATE	
.* 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, 2000 Fee will be \$550.00 Make Check Payable to Department of S		550.00 It of State	Trust Fund	Campaign Financii d Contribution.	☐ Ād	5.00 May Be Ided to Fees
111.	OFFICERS AND DI		12.	AC	DITIONS/CHAN	GES TO OFFICER		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP QUINONES, NIRZA 8245 S.W. 4TH ST. MIAMI FL 33144	⊠ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u> </u>			☐ Chan	ge 🗌 Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD RODRIGUEZ, NIRZA 13945 S.W. 24TH ST. MIAMI FL 33175	🔀 Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Chan	ge 🔲 Addition
TITLE	QUINONES, MIGUEL A 8245 SW 4TH STREET MIAMI FL 33144	Delete -	NAME STREET ADDRESS CITY-ST-ZIP	ا م نظر بهد مدم ج	and a state on the state of the	And a second second second	□ Chân	ge Addition
TITLE D P NAME STREET ADDRESS CITY-ST-ZIP	FERNANDO ME NOUD 4641 S.W. 100 AND Hia. FL. 33165	☐ Delete	NAME STREET ADDRESS CITY-ST-ZIP	FERNA Hou	1400 Me 15.w. 10 PL. 33	165. 165.	☐ Chan	ge 🔀 Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Chan	ge 🔲 Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	5_1	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Chane	ge Addition
indicated of the cor	certify that the information supplied with the on this report or supplemental report is to poration or the receiver or trustee empower or on an attachment with an address with	ue and accurate and that rered to execute this report	my signature shall l t as required by Ch	have the same.	legal effect as if	made under oath:	that I am an offi bears in Block 1	icer or director

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Olo 31-00 (305) 56/-33 K/

Date Daylime Phone #