

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 12, 2001 8:00 am
Secretary of State

03-01-2001 90061 009 ***150.00

DOCUMENT # P92000008583

1. Entity Name
CROWN CONSTRUCTION CORP.

Principal Place of Business

**8245 S.W. 4TH ST.
 MIAMI FL 33144**

Mailing Address

**8245 S.W. 4TH ST.
 MIAMI FL 33144**

2. Principal Place of Business

4641 SW 100 AVE
 Suite, Apt. #, etc.

3. Mailing Address

4641 SW 100 AVE
 Suite, Apt. #, etc.

City & State
MIAMI, FL

City & State
MIAMI, FL

4. FEI Number
65-0386621

Applied For
 Not Applicable

Zip
33145

Country
U.S.A.

Zip
33145

Country
U.S.A.

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

6. Name and Address of Current Registered Agent

**QUINONES, NIRZA
 8245 S.W. 4TH ST.
 MIAMI FL 33144**

7. Name and Address of New Registered Agent

Name **FERNANDO MENDO**
 Street Address (P.O. Box Number is Not Acceptable)
4641 SW 100 AVE
 City **MIAMI** FL Zip Code **33145**

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent must be reinstated when reinstating)

DATE

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 \$350.00
After September 12, 2001 Fee will be \$750.00
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 NAME STREET ADDRESS CITY-ST-ZIP	VP QUINONES, MIGUEL A 8245 SW 4TH STREET MIAMI FL 33144	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MENDO, FERNANDO 4641 S.W. 100 AVE MIAMI FL 33165	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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:

FERNANDO MENDO
SIGNATURE
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/31/01 (305) 431-2705
 Date Daytime Phone #

CR2E034 (5/01)

Attachment 12489
Doc # P92 000008583

August 31, 2001

Division Of Corporations
Uniforms Business Report filings
P.O. Box 1500
Tallahassee, FL 32302

Att: Kathy

As per our conversation today, please see the signature that was missing I apologize for the miss understanding thanks for all your help.

Have a great day !!

Sincerely,

Fernando Menoud

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P92000008583**

1. Entity Name

CROWN CONSTRUCTION CORP.

Principal Place of Business

~~8045 S.W. 4TH ST.~~ **4641 S.W. 100th Ave.**
~~MIAMI FL 33144~~ **MIAMI, FL 33165**

Mailing Address

~~8045 S.W. 4TH ST.~~ **P.O. Box 3956**
~~MIAMI FL 33144~~ **MIAMI, FL 33265-3956**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0386621**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

~~QUINONES, MIGUEL~~
~~8245 S.W. 4TH ST.~~
~~MIAMI FL 33144~~**FERNANDO MENOU**
4641 S.W. 100 Ave.
MIAMI, FL 33165

7. Name and Address of New Registered Agent

Name **FERNANDO MENOU**

Street Address (P.O. Box Number is Not Acceptable)

4641 S.W. 100 Ave.City **MIAMI**

FL

Zip Code **33165**

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-instating)

DATE

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing Trust Fund Contribution. ☐**\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE	VP	<input type="checkbox"/> Delete
NAME	QUINONES, MIGUEL A	
STREET ADDRESS	8245 SW 4TH STREET	
CITY-ST-ZIP	MIAMI FL 33144	
TITLE	DP	<input type="checkbox"/> Delete
NAME	MENOU, FERNANDO	
STREET ADDRESS	4641 S.W. 100 AVE	
CITY-ST-ZIP	MIAMI FL 33165	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

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SIGNATURE: *x*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FERNANDO MENOU
(PRESIDENT)**01-31-01 (305) 551-3347**

Date

Daytime Phone #

CR2E034 (10/00)