

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2003 8:00 am
Secretary of State

01-27-2003 90168 012 ***150.00

DOCUMENT # P94000078083

1. Entity Name
CROWNING GLORY, INC.



Principal Place of Business
12843 SPRING LAKE DR.
COOPER CITY FL 33330

Mailing Address
12843 SPRING LAKE DR.
COOPER CITY FL 33330



2. Principal Place of Business

1729 W. LAS OLAS BLVD

Suite, Apt. #, etc.

FT. LAUDERDALE

City & State

FLORIDA

Zip

33312

Country

USA

3. Mailing Address

1729 W. LAS OLAS BLVD

Suite, Apt. #, etc.

FT. LAUDERDALE

City & State

FLORIDA

Zip

33312

Country

USA

☒ **CHECK HERE IF MAKING CHANGES**

4. FEI Number **65-0538227**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ZARCHIN, HARVEY
12843 SPRING LAKE DR.
COOPER CITY FL 33330

7. Name and Address of New Registered Agent

Name **RONALD Neil Stern**
Street Address (P.O. Box Number is Not Acceptable)
1729 W. LAS OLAS BLVD.
FT. LAUDERDALE
City **FL** **Zip Code** **33312**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **president**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1-22-03

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ **Delete**
NAME **NEIL STERN, RONALD**
STREET ADDRESS **12843 SPRING LAKE DR.**
CITY-ST-ZIP **COOPER CITY FL 33330**

TITLE **VT** ☒ **Delete**
NAME **ZARCHIN, HARVEY**
STREET ADDRESS **12843 SPRING LAKE DR.**
CITY-ST-ZIP **COOPER CITY FL 33330**

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ **Change** ☐ **Addition**
NAME **1729 W. LAS OLAS BLVD.**
STREET ADDRESS **FT. LAUDERDALE, FL 33312**
CITY-ST-ZIP

TITLE ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Change** ☐ **Addition**
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TITLE ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 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

602 954-557-1049
1-22-03 800-910-8691 VM
office 954-504-4496

Date Daytime Phone #

CR2E034 (10/02)