

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000042287

1. Entity Name
CREW'S R US, INC.

FILED
Feb 24, 2000 8:00 am
Secretary of State

02-24-2000 90006 015 ***150.00

Principal Place of Business Mailing Address
C/O ACCOUNTING & BUSINESS CONSULTANTS, INC C/O ACCOUNTING & BUSINESS CONSULTANTS, INC
17 ROSE DRIVE 17 ROSE DRIVE
FORT LAUDERDALE FL 33316 FORT LAUDERDALE FL 33316-1041

2. Principal Place of Business 757 S.E. 17th St.

3. Mailing Address

Suite, Apt. #, etc.
#246

Suite, Apt. #, etc.

City & State
Ft. Lauderdale, FL

City & State

Zip 33316 Country

Zip Country

4. FEI Number 65-0917954

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PERRIN, SHIRLY
C/O ACCOUNTING & BUSINESS CONSULTANTS, INC
17 ROSE DRIVE
FORT LAUDERDALE FL 33316

Name
Street Address (P.O. Box Number is Not Acceptable)
757 S. E. 17th Street #246
City Ft. Lauderdale, FL Zip Code 33316

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 _____ (NOTE: Registered Agent signature required 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 \$150.00
After MAY 1, 2000 Fee will be \$550.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PERRIN, SHIRLY F 757 SE 17TH STREET #246 FORT LAUDERDALE FL 33316	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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: *Shirly F. Perrin* SHIRLY F. PERRIN

2/24/00

Date Daytime Phone #

CR2E034 (9/99)