


# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 24, 2003 8:00 am**  
**Secretary of State**

02-24-2003 90180 007 \*\*\*150.00

DOCUMENT #	P99000042287	
1. Entity Name	CREW'S R US, INC.	

Principal Place of Business	Mailing Address
757 S.E. 17TH ST.	C/O ACCOUNTING & BUS. CONSULTANTS INC
#246	17 ROSE DRIVE
FORT LAUDERDALE FL 33316	FORT LAUDERDALE FL 33316

2. Principal Place of Business	3. Mailing Address
Suite Apt. # etc.	c/o Acctg. & Bus. Cnslts.

Suite, Apt. #, etc.	1535 SE 17th St., B206
City & State	Fort Lauderdale, FL

City & State 33316 U.S.

Zip	Country	Zip	Country
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6. Name and Address of Current Registered Agent		
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PERRIN, SHIRLY 757 S.E. 17TH STREET #246 FORT LAUDERDALE FL 33316	Name
	Street Address (F

<input type="checkbox"/> CHECK HERE IF MAKING CHANGES	
4. FEI Number <b>65-0917954</b>	Applied For
	Not Applicable

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

6. Name and Address of Current Registered Agent	
PERRIN, SHIRLY 757 S.E. 17TH STREET #246 FORT LAUDERDALE FL 33316	Name
	Street Address (F
	City

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

P.O. Box Number is Not Acceptable)

FL Zip Code

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**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

[illegible][illegible]

2. 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:** ✓ SHIRAZ INTERPRETING  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_