

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000096115

1. Entity Name

CROMWELL CROWN CORPORATION

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90083 041 ***150.00

Principal Place of Business

100 JETT AIRE COURT, SUITE 101
SANFORD FL 32773

Mailing Address

100 JETT AIRE COURT, SUITE 101
SANFORD FL 32773-6843

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

☒ Applied For
☐ Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name **ARNOLD A. MOURINO**
Street Address (P.O. Box Number is Not Acceptable)
3200 OLD WINTER GARDEN RD
2622
City **OCFEE** FL Zip Code **34761-4535**

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

ARNOLD A. MOURINO
(NOTE: Registered Agent signature required when reinstating)

4-29-2000
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

TITLE	PD	<input type="checkbox"/> Delete
NAME	MOURINO, ARNOLD A	
STREET ADDRESS	100 JETT AIRE COURT, SUITE 101	
CITY-ST-ZIP	SANFORD FL 32773	
TITLE	VSTD	<input checked="" type="checkbox"/> Delete
NAME	KAMINSKY, DANIEL A	
STREET ADDRESS	100 JETT AIRE COURT, SUITE 101	
CITY-ST-ZIP	SANFORD FL 32773	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	3200 OLD WINTER GARDEN RD. # 2622	
CITY-ST-ZIP	OCFEE, FL 34761-4535	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *[Signature]*

ARNOLD A. MOURINO, PRES
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-2000
Date

Daytime Phone #

CR2E034 (9/99)