

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 24, 2003 8:00 am
Secretary of State

04-24-2003 90212 021 ***150.00

DOCUMENT # P98000040360

1. Entity Name

CR "R" US IMPORTS INC



DO NOT WRITE IN THIS SPACE

90104129

2. Principal Place of Business
2833 FORSYTH, Rd.

3. Mailing Address
P.O. BOX 720972

Suite, # etc.
Suite 1210

Suite, Apt. #, etc.

City & State
WINTER PK - FL

City & State
ORLANDO FL 32872-0972

4. FEI Number
58-12-166534-23-6

Applied For
Not Applicable

Zip
32792

Country

Zip

Country

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

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7. Name and Address of Current Registered Agent

Name AMERL LAWYER

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

343 ALMERIA AVE.

City CORAL GABLE

FL

Zip Code 33134

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

January 1 - May 1, Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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
NAME
STREET ADDRESS
CITY - ST - ZIP
President
ABBAS- AGHAJAN
1240 VALLY CREEK Run
winter PK FL 32792

TITLE
NAME
STREET ADDRESS
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: abbas-aghajan OR ABBAS-AGHAJAN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date APR- 2003 Daytime Phone # 407-677-8220

CR2E034B (12/02)