


# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

04-24-2003 90219 031 \*\*\*150.00

**DOCUMENT # P96000066231**

1. Entity Name  
**ARTCRAFT CABINET & DESIGN CORP.**



Principal Place of Business  
~~1008 NW 51ST ST~~  
~~FT. LAUDERDALE FL 33309~~  
US

Mailing Address  
~~1008 NW 51ST ST~~  
~~FT. LAUDERDALE FL 33309~~  
US

2. Principal Place of Business  
**951 NW 35th Ct**  
Suite, Apt. #, etc.

3. Mailing Address  
**951 NW 35th Ct.**  
Suite, Apt. #, etc.

City & State  
**Oakland Pk FL**

City & State  
**Oakland Pk FL**

Zip Country  
**33309 USA**

Zip Country  
**33309 USA**

4. FEI Number **65-0683454** Applied For  Not Applicable

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



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**GOLD, TYLER**  
**6550 NORTH FEDERAL HWY., SUITE 330**  
**FT. LAUDERDALE FL 33308**

7. Name and Address of New Registered Agent

Name \_\_\_\_\_

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

City **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 \_\_\_\_\_ (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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>KALITAN, STEVE</b> <b>1608 NE 17TH WAY</b> <b>FT. LAUDERDALE FL 33305</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>PEREZ, CANDIDO</b> <b>4710 NW 113TH TERR</b> <b>SUNRISE FL 33323</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 of Steve Kalitan* **KALITAN** 4/22/03 954-565-9298

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)