

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 14, 2000 8:00 am
Secretary of State

09-14-2000 90016 049 ***550.00

DOCUMENT # P99000025960

1. Entity Name
CRAFTSMAN MALL, INC.

Principal Place of Business Mailing Address
 235 LINCOLN ROAD, PH 400 235 LINCOLN ROAD, PH 400
 MIAMI BEACH FL 33139 MIAMI BEACH FL 33139

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State

Zip Country Zip Country

4. FEI Number Applied For
 65-0968027 Not Applicable

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

6. Name and Address of Current Registered Agent

KLEIN, SHAMIRA
C/O BERMAN WOLFE & RENNERT, P.A.
100 SE 2ND ST., STE 3500 NATIONSBANK TOWER
MIAMI FL 33131-2130

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.

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

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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	D	<input type="checkbox"/> Delete
NAME	SKLAR, ARI	
STREET ADDRESS	235 LINCOLN ROAD, PH 400	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE	D	<input type="checkbox"/> Delete
NAME	SKLAR, NEIL	
STREET ADDRESS	235 LINCOLN ROAD, PH 400	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE	D	<input type="checkbox"/> Delete
NAME	ROSNER, MYRON	
STREET ADDRESS	235 LINCOLN ROAD, PH 400	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
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"/> Change <input type="checkbox"/> Addition
NAME		
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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 REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **9.8.00** Daytime Phone # **305 674-1323**

HOW



DO NOT WRITE IN THIS SPACE