

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

2/27

02-27-2003 90153 017 ***150.00

DOCUMENT # P99000025960

1. Entity Name
CRAFTSMAN MALL, INC.



Principal Place of Business
**141 NE 3RD AVE
7TH FL
MIAMI FL 33132**

Mailing Address
**141 NE 3RD AVE
7TH FL
MIAMI FL 33132**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0968027**

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name **SKLAR, Neal, Esq**
Street Address (P.O. Box Number is Not Acceptable)
Peckar & Abramson
One S.E 3rd Ave Suite 3050
City **Miami** FL Zip Code **33131**

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	D	SKLAR, ARI	141 NE 3RD, 7TH FL MIAMI FL 33132				
	D	SKLAR, NEAL	141 NE 3RD AVE, 7TH FL MIAMI FL 33132				
	D	ROSNER, MYRON	141 NE 3RD AVE, 7TH FL MIAMI FL 33132				

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ARI L. SKLAR

3/21/03 305-379-0007

CR2E034 (10/02)