

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 14, 2003 8:00 am**  
**Secretary of State**

02-14-2003 90216 029 \*\*\*150.00

**DOCUMENT # 287502**

1. Entity Name  
**CRAFTSMAN MASONRY INC**



Principal Place of Business  
**302 S FIGTREE LANE  
PLANTATION FL 33317**

Mailing Address  
**302 S FIGTREE LANE  
PLANTATION FL 33317**



2. Principal Place of Business  
**1106 NW 79DR.**  
Suite, Apt. #, etc.

3. Mailing Address  
**1106 N.W. 79 DR.**  
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State  
**PLANTATION FL**  
Zip  
**33322**  
Country  
**U.S.A.**

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**PLANTATION FL**  
Zip  
**33322**  
Country  
**U.S.A.**

4. FEI Number  
**59-1083282**

Applied For  
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**ABBATE, LORENZO J JR  
302 S FIG TREE LANE ✓  
PLANTATION FL 33317 ✓**

7. Name and Address of New Registered Agent

Name **LORENZO J. ABBATE JR**  
Street Address (P.O. Box Number is Not Acceptable)  
**1106 N.W. 79 DRIVE**  
City **PLANTATION** FL Zip Code **33322**

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

**Lorenzo J. Abbate, Pres. 2/10/03**

**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>LORENZO, ABBATE J JR.</b> <b>302 S. FIG TREE LANE</b> <b>PLANTATION FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>ABBATE, MARIA LUCY</b> <b>302 S. FIG TREE LANE</b> <b>PLANTATION FL</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>ABBATE, ANTHONY J</b> <b>302 S FIG TREE LANE</b> <b>PLANTATION, FL 00000</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST</b> <b>ABBATE, JOHN P.</b> <b>302 S. FIG TREE LN</b> <b>PLANTATION FL</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRESIDENT</b> <b>LORENZO J. ABBATE JR</b> <b>1106 NW 79 DR</b> <b>PLANTATION FL 33322</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VICE PRESIDENT</b> <b>SONIA M. VELASQUEZ</b> <b>1106 N.W. 79 DR</b> <b>PLANTATION FL 33322</b>	<input type="checkbox"/> Change <input checked="" 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**President 954-9741736**

CR2F034 (10/02)