

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 01, 2002 8:00 am
Secretary of State

04-01-2002 90056 041 ***158.75

DOCUMENT # 451628

1. Entity Name
HOLIDAY CRAFT, INC.

Principal Place of Business Mailing Address
11960 N.W. 87TH COURT 11960 N.W. 87TH COURT
HIALEAH GARDENS FL 33016 HIALEAH GARDENS FL 33016

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 **59-1549826** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PELAEZ, PEDRO JR.
16329 NW 84 AVE
MIAMI FL

Name

St **11960 NW. 87TH COURT**
HIALEAH GARDENS, FL 33018

City

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 \$150.00
After May 1, 2002 Fee will be \$550.00
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 PD
 NAME PELAEZ, PEDRO R ☐ Delete
 STREET ADDRESS 6930 MAPLE TERRACE
 CITY-ST-ZIP MIAMI LAKES FL

TITLE ☒ Change ☐ Addition
 NAME **11960 NW. 87TH COURT**
 STREET ADDRESS **HIALEAH GARDENS, FL 33018**
 CITY-ST-ZIP

TITLE ST ☒ Delete
 NAME PELAEZ, MARTHA
 STREET ADDRESS 6930 MAPLE TERRACE
 CITY-ST-ZIP MIAMI LAKES FL

TITLE ☒ Change ☐ Addition
 NAME ~~11960 NW. 87TH COURT~~
 STREET ADDRESS **HIALEAH GARDENS, FL 33018**
 CITY-ST-ZIP

TITLE VD ☒ Delete
 NAME PELAEZ, PEDRO JR
 STREET ADDRESS 16329 NW 84 AVE
 CITY-ST-ZIP MIAMI FL

TITLE ☒ Change ☐ Addition
 NAME ~~11960 NW. 87TH COURT~~
 STREET ADDRESS **HIALEAH GARDENS, FL 33018**
 CITY-ST-ZIP

TITLE D ☒ Delete
 NAME PELAEZ, RAUL
 STREET ADDRESS 17435 NW 86 AVE
 CITY-ST-ZIP MIAMI FL

TITLE ☒ Change ☐ Addition
 NAME **11960 NW. 87TH COURT**
 STREET ADDRESS **HIALEAH GARDENS, FL 33018**
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

3/22/02

0143627 AV

CR2E034 (9/01)

VA