

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90345 024 ***150.00

DOCUMENT # J99973

1. Entity Name
CRAFTSHOP OF MIAMI, INC.



Principal Place of Business

% YASMIN PEDRAZA
8562 S.W. 8 STREET
MIAMI FL 33144

OK

Mailing Address

% YASMIN PEDRAZA
8562 S.W. 8 STREET
MIAMI FL 33144

CHANGE



2. Principal Place of Business

8562 SW 8 ST

3. Mailing Address

1222 SW 21 ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

MIAMI FL

☒ CHECK HERE IF MAKING CHANGES

City & State
MIAMI FL

City & State

4. FEI Number 65-0017169

Applied For

Not Applicable

Zip
33144

Country
MIAMI DADE

Zip
33145

Country
MIAMI-DADE

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

~~PEDRAZA, YASMIN~~
~~1222 SW 21ST ST.~~
~~MIAMI FL 33145~~

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

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	PT	☐ Delete
NAME	PEDRAZA, YASMIN	
STREET ADDRESS	1222 S.W. 21ST STREET	
CITY-ST-ZIP	MIAMI FL 33145	
TITLE	VP	☐ Delete
NAME	GONZALEZ, AURELIO	
STREET ADDRESS	71 SW 135 AVE	
CITY-ST-ZIP	MIAMI FL 33183	
TITLE	S	☐ Delete
NAME	GONZALEZ, DOLORES	
STREET ADDRESS	71 SW 135 AVE	
CITY-ST-ZIP	MIAMI FL 33183	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/4/03 305-262-3683

CR2E034 (10/02)