

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2000 8:00 am
Secretary of State

02-05-2000 90039 024 ***150.00

DOCUMENT # L90714

1. Entity Name

ARTISAN WOODCRAFT, INC.

Principal Place of Business

Mailing Address

1255 S MILITARY TRAIL
 DEERFIELD BCH FL 33442
 US

1255 S MILITARY TRAIL
 DEERFIELD BCH FL 33442-7632
 US

00014627



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0218609**

Applied For

Not Applied

Zip

Country

Zip

Country

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

WALDMAN, ANA MARIA
1255 S MILITARY TRAIL
DEERFIELD BCH FL 33442

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2000 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: **VT** Delete
 NAME: **WALDMAN, ANDREW C.**
 STREET ADDRESS: **1255 S MILITARY TRAIL**
 CITY-ST-ZIP: **DEERFIELD BCH FL 33442**

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 NAME: Change Additio
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 CITY-ST-ZIP: Change Additio

TITLE: **PDS** Delete
 NAME: **WALDMAN, ANA MARIA**
 STREET ADDRESS: **1255 S MILITARY TRAIL**
 CITY-ST-ZIP: **DEERFIELD BCH FL 33442**

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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: *Ana Maria Waldman*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-28-00
 Date

(954) 426-48
 Daytime Phone #