

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000002527

1. Entity Name

THE CRAFT CELLAR, INC.

FILED
May 17, 2001 8:00 am
Secretary of State

05-17-2001 91329 014 ***150.00

Principal Place of Business

7900 NOVA DRIVE
~~SUITE 207~~ SUITE 203
 DAVIE FL 33324

Mailing Address

7900 NOVA DRIVE
~~SUITE 207~~ SUITE 203
 DAVIE FL 33324

00053587



DO NOT WRITE IN THIS SPACE

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

65-0977187

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

SPIEGEL & UTRERA, P.A.
 343 ALMERIA AVENUE
 CORAL GABLES FL 33134

Name

ROBERT N. FAERMAN

Street Address (P.O. Box Number is Not Acceptable)

7900 NOVA DRIVE SUITE 203

City

DAVIE

FL

Zip Code

33324

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

X

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

(NOTE: Registered Agent signature required when reinstating)

DATE

X

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, 2001 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 ☐ Delete
 NAME P
 STREET ADDRESS FAERMAN, LORIN L
 CITY-ST-ZIP 7900 NOVA DRIVE 207
 DAVIE FL 33324

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS 7900 NOVA DRIVE SUITE 203
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME STD
 STREET ADDRESS FAERMAN, ROBERT N
 CITY-ST-ZIP 7900 NOVA DRIVE 207
 DAVIE FL 33324

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS 7900 NOVA DRIVE SUITE 203
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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 another like empowered.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LOREN FAERMAN

X 5/1/01

Date

X 954,426-6619

Daytime Phone #

CR2E034 (10/00)