

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000002927

1. Entity Name  
CARFT INDUSTRIES, INC.

**FILED**

01-16-2002 90012'009 \*\*\*150.00

02 FEB -7 PM 4:14

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

21175 MAIN SAIL CIRCLE  
SUITE E15  
AVENTURA FL 33180

Mailing Address

21175 MAIN SAIL CIRCLE  
SUITE E15  
AVENTURA FL 33180

2. Principal Place of Business

3126 JOHN P. CURCI DRIVE

Suite, Apt. #, etc.

Bldg 4C, Bay 4

City & State

PEMBROKE PARK, FL

Zip  
33009

Country

3. Mailing Address

3126 JOHN P. CURCI DRIVE

Suite, Apt. #, etc.

Bldg 4C, Bay 4

City & State

PEMBROKE PARK, FL

Zip  
33009

Country

4. FEI Number

65-1065567

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name  
MANUEL SCHAPIRO

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

21175 MAIN SAIL CIRCLE, E-15

City  
AVENTURA

FL

Zip Code  
33180

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

MANUEL SCHAPIRO

1/08/02

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

(NOTE: Registered Agent signature required when registering)

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, 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

|                |                        |                                 |
|----------------|------------------------|---------------------------------|
| TITLE          | PD                     | <input type="checkbox"/> Delete |
| NAME           | SCHAPIRO, MANUEL       |                                 |
| STREET ADDRESS | 21175 MAIN SAIL CIRCLE |                                 |
| CITY-ST-ZIP    | AVENTURA FL 33180      |                                 |
| TITLE          | SVD                    | <input type="checkbox"/> Delete |
| NAME           | BLUMEN, MOISES         |                                 |
| STREET ADDRESS | 21175 MAIN SAIL CIRCLE |                                 |
| CITY-ST-ZIP    | AVENTURA FL 33180      |                                 |
| TITLE          | TD                     | <input type="checkbox"/> Delete |
| NAME           | SCHAPIRO, SUSY         |                                 |
| STREET ADDRESS | 21175 MAIN SAIL CIRCLE |                                 |
| CITY-ST-ZIP    | AVENTURA FL 33180      |                                 |
| TITLE          |                        | <input type="checkbox"/> Delete |
| NAME           |                        |                                 |
| STREET ADDRESS |                        |                                 |
| CITY-ST-ZIP    |                        |                                 |
| TITLE          |                        | <input type="checkbox"/> Delete |
| NAME           |                        |                                 |
| STREET ADDRESS |                        |                                 |
| CITY-ST-ZIP    |                        |                                 |
| TITLE          |                        | <input type="checkbox"/> Delete |
| NAME           |                        |                                 |
| STREET ADDRESS |                        |                                 |
| CITY-ST-ZIP    |                        |                                 |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |                                                                   |
|----------------|-------------------------------------------------------------------|
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                                                                   |
| STREET ADDRESS |                                                                   |
| CITY-ST-ZIP    |                                                                   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                                                                   |
| STREET ADDRESS |                                                                   |
| CITY-ST-ZIP    |                                                                   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                                                                   |
| STREET ADDRESS |                                                                   |
| CITY-ST-ZIP    |                                                                   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                                                                   |
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| CITY-ST-ZIP    |                                                                   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                                                                   |
| STREET ADDRESS |                                                                   |
| CITY-ST-ZIP    |                                                                   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> 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 or other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/08/02

Date

(954) 894-3498

Daytime Phone #

CR2004 (9/01)