

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P01000117398

1. Entity Name

CRK WOODWORK, INC.

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91180 048 ***150.00

Principal Place of Business

Mailing Address

10913 GRANITE ST
BOCA RATON FL 33428

10913 GRANITE ST
BOCA RATON FL 33428

2. Principal Place of Business

1555 NW 91 AVE

3. Mailing Address

1555 NW 91 AVE

Suite Apt. #, etc.

BLDG 8 APT. #114

Suite Apt. #, etc.

BLDG 8 APT. #114

City & State

CORAL SPRINGS FL

City & State

CORAL SPRINGS FL

Zip

33071

Country

USA

Zip

33071

Country

USA

4. FEI Number

94-3412880

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

TAX HOUSE CORPORATION

3929 N FEDERAL HWY

POMPAÑO BEACH FL 33064

7. Name and Address of New Registered Agent

Name

TAX HOUSE CORPORATION

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

531 E. SAMPLE ROAD

City

POMPAÑO BEACH

FL

Zip Code

33064

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)

04/30/02

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, 2003 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	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	CHANGE	ADDITION
P	CASTRO, IRANI	335 NW 34 ST #113	POMPAÑO BEACH FL 33064	<input type="checkbox"/>	P	CASTRO, IRANI	1555 NW 91 AVE BLDG 8 APT. #114	CORAL SPRINGS FL 33071	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(1), 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 N 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

04/30/03

Date

Daytime Phone #