1082

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000019263

1. Entity Name

L.M. Craft, Inc.

FILED
05 MAR 28 PM 4:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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REINSTATEMENT 04-05 WOP
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2. Principal Place of Business	3. Mailing Address
3150 W. Pembroke Rd.	3775 Amalfi Dr.
Suite, Apt. #, etc. #55	Suite, Apt. #, etc.
City & State Hollywood, FL	City & State Hollywood, FL
Zip 33021 Country USA	Zip 33021 Country USA

4. FEI Number 043610031 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: Daniela Shnaiderman

Street Address (P.O. Box Number is Not Acceptable): 3775 Amalfi Dr.

City: Hollywood FL Zip Code: 33021

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.

300050217193
04/08/05--01005--005 **300.00

SIGNATURE: _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered agent signature required when reinstating)

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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

TITLE	PTD
NAME	Daniela Shnaiderman
STREET ADDRESS	3775 Amalfi Dr.
CITY-ST-ZIP	Hollywood, FL 33021
TITLE	VPD
NAME	Liliana Judith Melnizki
STREET ADDRESS	3775 Amalfi Dr.
CITY-ST-ZIP	Hollywood, FL 33021
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CR2E034B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF MAKING OFFICER OR DIRECTOR — Date — Daytime Phone #

Division of Corporations
P.O. BOX 6327
Tallahassee, FL 32314

Per instructions from the Division of Corporations, I am attaching a check, in the amount of $300.00 for the annual report fee with my application.

We did not receive the U.B.R. for the years 2004 or any other notice from the Division of Corporations in respect with the Corporation **L.M. CRAFT, INC.**

Thank you for your courtesy in this matter.

DANIELA SHNAIDERMAN
PRESIDENT