

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P97000043128**

1. Entity Name

STITCH & CRAFT, INC

FILED
Mar 08, 2001 8:00 am
Secretary of State

03-08-2001 90062 041 ***150.00

Principal Place of Business ✓

Mailing Address ✓

2900 W SAMPLE RD
POMPANO BEACH, FL 33067

2900 W SAMPLE RD
POMPANO BEACH FL 33067

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 **65-0760198**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MUSTASAM CHOUDHRY M
5169 NW 32 CT
MARGATE FL 33063

7. Name and Address of New Registered Agent

Name **CHOUDHRY M Mustasam**

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

4270 N.W. 53rd COURT

City **Coconut Creek**

FL

Zip Code

33073

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 of officer or director of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1-30-2001

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, 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

TITLE **D** ☐ Delete
NAME **MUSTASAM, CHOUDHRY**
STREET ADDRESS **5169 NW 32 CT**
CITY-ST-ZIP **MARGATE FL 33063**

TITLE **D** ☐ Delete
NAME **CHOUDHRY, RUKHSANA**
STREET ADDRESS **5169 NW 32 CT**
CITY-ST-ZIP **MARGATE FL 33063**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ Change ☐ Addition
NAME **CHOUDHRY M MUSTASAM**
STREET ADDRESS **4270 N.W. 53rd CT**
CITY-ST-ZIP **Coconut Creek FL 33073**

TITLE **D** ☒ Change ☐ Addition
NAME **RUKHSANA CHOUDHRY**
STREET ADDRESS **4270 N.W. 53rd CT**
CITY-ST-ZIP **Coconut Creek FL 33073**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CHOUDHRY MUSTASAM

1-30-2001

(954) 975-5965

Date

Daytime Phone #

CR2E034 (10/00)