

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000057456

1. Entity Name

A. R. CRAFT, P.A.

FILED
Mar 21, 2000 8:00 am
Secretary of State

03-21-2000 90079 013 ***158.75

Principal Place of Business

8701 S.W. 137 AVENUE, #103-104
MIAMI FL 33186

Mailing Address

8701 S.W. 137 AVENUE, #103-104
MIAMI FL 33183-4078

2. Principal Place of Business

3. Mailing Address

13701 N. Kendall Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 303

City & State

City & State
Miami, FL

4. FEI Number

65-0933131

Applied For

Not Applicable

Zip

Country

Zip

Country

33186

USA

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

CRAFT, ANA R
8701 S.W. 137 AVENUE, #103-104
MIAMI FL 33186

Name
ANA R. CRAFT

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

13701 N. Kendall Drive

Suite 303

City

Miami

FL

Zip Code

33186

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)

DATE

3/3/2000

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, 2000 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
NAME
STREET ADDRESS
CITY-ST-ZIP

D
CRAFT, ANA R
8701 S.W. 137 AVENUE, #103-104
MIAMI FL 33186

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

President

ANA R. CRAFT

8701 S.W. 137 Avenue, Suite 103-104

Miami, FL 33186

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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☐ Change ☐ Addition

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

Date

Daytime Phone #

3/3/2000

CR2E034 (9/99)