2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P99000061336**

MASTERCRAFT WOOD INTERIOR, INC.

Principal Place of Business

Mailing Address

2644 N.E. 7 AVENUE POMPANO BEACH FL 33064 2644 N.E. 7 AVENUE

POMPANO BEACH FL 33064-5419

FILED May 26, 2000 8:00 am Secretary of State

05-26-2000 90037 031 ***150.00

103377



2. Principal Place of Business		3. Mailing Address			DO NOT WRITE IN THIS SPACE		
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State			4. FEI Number 093681	7	Applied For Not Applicable
Zip	Country	Zip	Cou	ntry	5. Certificate of Status Desired	□ \$	8.75 Additional se Required
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
				Name			
Loban, Norman A 7220 NW 44 Court Lauderhill Fl 33319				Street Address (P.O. Box Number is Not Acceptable)			
				City		FL	Zip Code
8. The above nar	med entity submits, this state	ment for the purpose of cha	nging its registe	red office or re	pistered agent, or both, in the State of Florid	a.	
Signature	nature, typed or printed name of register	ed agent and title if applicable.	(NOTE, Register	red Agent signature r	equired when reinstating)	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, 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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. TKEASUREK Addition ☐ Change PD Delete TITLE KANDALL WAITE WAITE, VICTOR NAME NAME STREET ADDRESS STREET ADDRESS 2644 N.E. 7 AVENUE CITY-ST-ZIP 5306C CITY-ST-ZIE POMPANO BEACH FL 33064 Addition Delete ☐ Change TITLE TITLE ORETTA WAITE NAME WAITE, VICTOR H NAME STREET ADDRESS 41 5TREET STREET ADDRESS 2644 N.E. 7 AVENUE CITY-ST-ZIP SPRING CITY-ST-ZIP POMPANO BEACH FL 33064 Addition ESIDENT Change ☐ Defete TITLE TITLE VECOUS WA 11483 NW 41 NAME WAITE, VECOUS NAME STREET ADDRESS STREET ADDRESS 11483 NW 41 STREET CITY-ST-7IP CITY-ST-ZIP **CORAL SPRINGS FL 33065** ☐ Addition Change Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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:

SIGNING OFFICER OR DIRECTOR