

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 21, 2000 8:00 am
Secretary of State
 08-21-2000 90205 023 ***558.75

DOCUMENT # V20520

1. Entity Name

FLORIDA CRADLES & CRATES INC.

Principal Place of Business

1919 NW 19TH STREET, BLDG. 2C
 FT. LAUDERDALE FL ~~33300~~
 33311

Mailing Address

1919 NW 19TH STREET, BLDG. 2C
 BLDG. 6, SUITE 2E
 FT. LAUDERDALE FL ~~33300~~
 33311

2. Principal Place of Business

1919 NW 19TH ST.
 Suite, Apt. #, etc.
 2C

3. Mailing Address

Suite, Apt. #, etc.

City & State

FT. LAUD. FL

City & State

Zip
 33311

Country

USA

Zip

33311

Country

4. FEI Number

65-0316611

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

THIBAUT, JACK
 1919 NW 19TH STREET, BLDG. 2C
 FORT LAUDERDALE FL ~~33300~~ 33311

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 PD ☐ Delete
 NAME THIBAUT, JACK
 STREET ADDRESS 1919 NW 19TH STREET, BLDG. 2C
 CITY-ST-ZIP FORT LAUDERDALE FL ~~33300~~ 33311

TITLE ☐ Delete
 NAME ~~CHARLES J. FILER~~
 STREET ADDRESS ~~1919 NW 19TH ST.~~
 CITY-ST-ZIP ~~33311~~

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 V. PRES. ☐ Change ☒ Addition
 NAME CHARLES J. FILER
 STREET ADDRESS 4900 N. OCEAN BLVD. 1116
 CITY-ST-ZIP FT. LAUD. FLORIDA 33308

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

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]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

8/14/00 (954) 522-4425

CR02031 15/000