FILED **2001 UNIFORM BUSINESS REPORT (UBR)** Apr 04, 2001 8:00 am Secretary of State DOCUMENT # P0000062312 1. Entity Name BY INVITATION ONLY CREATIVE GROUP, INC. 4-04-2001 90115 032 ***150.00 Principal Place of Business Mailing Address 1735 COSTA DEL SOL 1735 COSTA DEL SOL ULUARUUN BOCA RATON FL 33432 **BOCA RATON FL 33432** 2. Principal Place of Business 16 Street llo Strept DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-102032 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired USA 6. Name and Address of Current Registered 7. Name and Address of New Registered Agent SPIEGEL & UTRERA, P.A. 343 ALMERIA AVENUE CORAL GABLES FL 33134 8. The above named entity submits this statement to the purpose of changing its registered office or registered agent, or both, in the State of Florida. march 24, 200 (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. **PSTD** President TITLE ☐ Delete TITLE Change . ☐ Addition Paula A. Fontana NAME FONTANA, PAULA A NAME 3939 NE 5 AUE, BIO2 STREET ADDRESS STREET ADDRESS 1735 COSTA DEL SOL CITY-ST-ZIP CITY-ST-ZIP , FL 33431 **BOCA RATON FL 33432** <u>Boca Raton</u> vice-President ☐ Addition ☐ Delete TITI F Change TITLE DAVIMOS, MELISSA A NAME NAME melissa A. Davimos STREET ADDRESS STREET ADDRESS 1735 COSTA DEL SOL 134 NW 16 Street, #1 CITY-ST-ZIP **BOCA RATON FL 33432** CITY-ST-ZIP Boca Raton. TITLE ☐ Delete TITLE □ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRE

☐ Delete

3/24/2001

5613380023

Addition