

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 01, 2000 8:00 am**  
**Secretary of State**

05-01-2000 90436 013 \*\*\*158.75

**DOCUMENT # P97000086531**

1. Entity Name  
**CREATIVA INC.**

Principal Place of Business 7631 SW 53RD COURT MIAMI FL 33143	Mailing Address 7631 SW 53RD COURT MIAMI FL 33143-5826
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number <b>65-0788006</b>	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**CORPORATION COMPANY OF MIAMI**  
**201 S BISCAYNE BLVD**  
**1600 MIAMI CENTER**  
**MIAMI FL 33131**

Name		
Street Address (P.O. Box Number is Not Acceptable)		
City	<b>FL</b>	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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<b>DPS</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>O'DAY, SHARON</b>	NAME	
STREET ADDRESS	<b>7631 SW 53RD COURT</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL 33143</b>	CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JONES, WOODROW</b>	NAME	
STREET ADDRESS	<b>DIVERSAS LTDA., CIRCULAR 3A. NO. 68 C 21</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>MEDELLIN, COLOMBIA</b>	CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>OSORIO, ALVARO VASQUEZ</b>	NAME	
STREET ADDRESS	<b>EDNALCO LTDA., EDITORA NACIONAL DE COLOMBIA</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>CALLE 34, NO 45A18, MEDELLIN</b>	CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>VELILLA, ANA CATALINA</b>	NAME	
STREET ADDRESS	<b>MUISCA LTDA., CALLE 239 NO. 41-16</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>ITAGUI, COLOMBIA</b>	CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>VASQUEZ OLANO, JOSE RODRIGO</b>	NAME	
STREET ADDRESS	<b>PLASTINOVO LTDA. CARRERA 48, #48, SUR 181 INT 104</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>MEDELLIN, COLOMBIA</b>	CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SANIN M., JULIO A</b>	NAME	
STREET ADDRESS	<b>PORTEFINO LTDA., CALLE 26 A NO. 43 F 64</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>MEDELLIN, COLOMBIA</b>	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: Sharon O'Day SHARON O'DAY 26 APR 2000 305-669-9860  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)