

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 26, 2000 8:00 am**  
**Secretary of State**

02-26-2000 90070 043 \*\*\*150.00

**DOCUMENT # P98000061985**

1. Entity Name

**CREATIVE TECHNICAL SYSTEMS, INC.**

Principal Place of Business

Mailing Address

**8181 NW 154TH ST  
 STE 250  
 MIAMI LAKES FL 33016**

**8181 NW 154TH ST  
 STE 250  
 MIAMI LAKES FL 33016-5824**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-0850595**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

00026908



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**ALLEN, WARREN  
 19643 NW 82 PL  
 MIAMI FL 33015**

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 \$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  Delete  
 NAME **D ALLEN, WARREN**  
 STREET ADDRESS **19643 NW 82 PL**  
 CITY-ST-ZIP **MIAMI FL 33015**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **D GONZALEZ, ERONIDES**  
 STREET ADDRESS **16009 KINGSMOOR WAY**  
 CITY-ST-ZIP **MIAMI LAKES FL 33014**

TITLE  Change  Addition  
 NAME **D GONZALEZ, ERONIDES**  
 STREET ADDRESS **7401 SABAL DRIVE**  
 CITY-ST-ZIP **MIAMI LAKES FL 33014**

TITLE  Delete  
 NAME **D OTALORA, RAFAEL**  
 STREET ADDRESS **4125 SW 152 AVE**  
 CITY-ST-ZIP **MIRAMAR FL 33027**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/22/00

Date

(305) 512-2872

Daytime Phone #

CR2E034 (9/99)