Apr 09 03 03:27p EXPRESS 305

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Apr 14, 2003 8:00 am
Secretary of State
04-14-2003 90210 040 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000115726 ✓

1. Entity Name
CREATEMPO USA, INC.

DO NOT WRITE IN THIS SPACE

70038311

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
2699 COLLINS AVE	SAME
Suite, Apt. #, etc. SUITE 110	Suite, Apt. #, etc.
City & State MIAMI BEACH FL.	City & State
Zip 33140 Country	Zip Country

4. FEI Number 01-0655488 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name VIVANCO S. GONZALO

Street Address (P.O. Box Number is Not Acceptable)
1001 91st ST STE 212

City BAY HARBOR FL Zip Code 33154

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 X _____ 4-9-03
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) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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	TITLE	
NAME	AHUMADA C. SERGIO	NAME	
STREET ADDRESS	1001 91 ST STE 212	STREET ADDRESS	
CITY-ST-ZIP	BAY HARBOR FL 33154	CITY-ST-ZIP	
TITLE	SD	TITLE	
NAME	VIVANCO S. GONZALO	NAME	
STREET ADDRESS	1001 91 ST. STE 212	STREET ADDRESS	
CITY-ST-ZIP	BAY HARBOR FL 33154	CITY-ST-ZIP	
TITLE	TD	TITLE	
NAME	AVENDANO V. FELIPE	NAME	
STREET ADDRESS	1001 91 ST. STE 212	STREET ADDRESS	**DO NOT WRITE**
CITY-ST-ZIP	BAY HARBOR FL 33154	CITY-ST-ZIP	
TITLE		TITLE	**IN THIS SPACE**
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: X _____ VIVANCO GONZALO SECRETARY 4-9-03 (786)586-4050
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #