2000 UNIFORM BUSINESS REPORT (UBR)

0223342

DOCUMENT # 287389

1. Entity Name

CREATIVE DIRECTORS INC

FILED

00 JAN -6 PM 3:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
1320 S. DIXIE HIGHWAY. PENTHOUSE CORAL GABLES FL 33146	1320 S. DIXIE HIGHWAY. PENTHOUSE CORAL GABLES FL 33146-2926

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-1084647 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MERLIN, ROBERT J.
328 MINORCA AVE.
CORAL GABLES FL 33134-4377

7. Name and Address of New Registered Agent

Name: CINDI KAMEN ESQUIRE
Street Address (P.O. Box Number is Not Acceptable): KAMEN & ASSOCIATES, P.A.
7101 SW 102 AVENUE
City: MIAMI FL Zip Code: 33173

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: Cindi Kamen CINDI KAMEN 1/4/2000
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD BERG, PAUL L. 5301 S.W. 60TH PL. MIAMI FL	☑ Delete	PRESIDENT NICK CHAVIN 340 GIRALDA Ave, Apt # 618E CORAL GABLES, FLORIDA 33134	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CHAVIN, NICK 340 GIRNDA AVE APT. 618E CORAL GABLES FL 33134	☑ Delete	VICE PRESIDENT LANDY LAMBERT 340 GIRALDA AVENUE, Apt # 618E CORAL GABLES, FLORIDA 33134	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TREASURER ELAINE SVALDI 26901 SW 157TH AVENUE HOMESTEAD FLORIDA 33030	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	SECRETARY Ruth Morales 2655 Collins apt 2108 Miami Beach, Fla 33140	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	200003096812--5 -01/12/00--01100--001 ****158.75 ****158.75	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	T8	☐ Change ☐ Addition

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: Elaine Svaldi 1/4/00 305- 6660666
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #