

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****Sep 21, 2000 08:00 AM**
Secretary of State**DOCUMENT # 287389****1. Entity Name**
CREATIVE DIRECTORS INC

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

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
59-1084647Applied For
Not Applicable**5. Certificate of Status Desired** ☒ **\$8.75 Additional Fee Required****6. Name and Address of Current Registered Agent**KAMEN CINDI ESQUIRE
KAMEN & ASSOCIATES, P.A.
7101 SW 102 AVENUE
MIAMI FL 33173 US**7. Name and Address of New Registered Agent**Name
GOODMAN ALVIN ESQUIRE
Street Address (P.O. Box Number is Not Acceptable)
999 PONCE DE LEON BLVD.
SUITE 500
City
CORAL GABLES FL Zip Code
33134**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 ALVIN GOODMAN**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

09/21/2000

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**

TITLE	S	<input type="checkbox"/> Delete
NAME	MORALES RUTH	
STREET ADDRESS	2655 COLLINS APT. 2108	
CITY-ST-ZIP	MIAMI FL 33140	

TITLE	T	<input type="checkbox"/> Delete
NAME	SVALDI ELAINE	
STREET ADDRESS	26901 SW 157TH AVENUE	
CITY-ST-ZIP	HOMESTEAD FL 33030	

TITLE	VP	<input type="checkbox"/> Delete
NAME	LAMBERT LANNY	
STREET ADDRESS	340 GIRNDA AVE APT. 618E	
CITY-ST-ZIP	CORAL GABLES FL 33134	

TITLE	P	<input type="checkbox"/> Delete
NAME	CHAUIN NICK	
STREET ADDRESS	340 GIRALDA AVE, APT. 618E	
CITY-ST-ZIP	CORAL GABLES FL 33134	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SVALDI ELAINE	
STREET ADDRESS	26901 SW 157 AVENUE	
CITY-ST-ZIP	HOMESTEAD FL 33030	

TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SVALDI ELAINE	
STREET ADDRESS	26901 SW 157TH AVENUE	
CITY-ST-ZIP	HOMESTEAD FL 33030	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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** ELAINE SVALDI

T 09/21/2000