2001 UNIFORM BUSINESS REPORT (UBR)

FILED Feb 13, 2001 8:00 am Secretary of State **DOCUMENT # 454841** 1. Entity Name CREATIVE BUSINESS FORMS, INC. 02-13-2001 90054 002 ***150.00 Principal Place of Business Mailing Address 7421 S.W. 147TH CT. 7421 S.W. 147TH CT. MIAMI FL 33193 MIAM! FL 33193 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-1539332 Not Applicable Zip Country 7in Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GOODMAN, DAVID Street Address (P.O. Box Number is Not Acceptable) 7421 S.W. 147TH COURT MIAMI 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, 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 FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May.Be. Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. • Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE ☐ Delete TITLE Change ☐ Addition GOODMAN, DAVID NAME NAME STREET ADDRESS 7421 SW 147TH CT STREET ADDRESS CITY-ST-ZIP MIAMI FL CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition GOODMAN, FAITH M. NAME NAME STREET ADDRESS 7421 SW 147TH CT STREET ADDRESS CITY-ST-ZIP MIAMI FL CITY-ST-ZIP SD TITLE TITLE - P T Garage Delete Bernand GOODMAN, BERNARD NAME NAME Goodman, Bernand 1187 Vanderbilt Drive STREET ADDRESS 7421 S.W. 147 COURT STREET ADDRESS CITY-ST-ZIP MIAMI FL CITY-ST-ZIP Eustis, FL 32726 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR