

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 24, 2000 8:00 am**  
**Secretary of State**

05-24-2000 90071 004 \*\*\*150.00

A0064704

DO NOT WRITE IN THIS SPACE

DOCUMENT # 488922  
 1. Entity Name  
 CREATIONS HAIRSTYLE AND BOUTIQUE INC ✓

Principal Place of Business Mailing Address  
 7951 NW 169 Ten. 7951 NW 169 Ten.  
 MIAMI, FL 33016 MIAMI, FL 33016

2. Principal Place of Business 3. Mailing Address  
 2030 S Ocean Dr. 13255 SW 54 Ct.  
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State  
 HALLANDALE, FL MIRAMAR, FL  
 Zip Country Zip Country  
 33009 Country 33027 Country

4. FEI Number Applied For  
 59-8632797 Not Applicable  
 5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 ARCE MOISES  
 7951 NW 169 Ten.  
 MIAMI, FL 33016

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 13255 SW 54 Ct.  
 City MIRAMAR FL Zip Code 33027

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable

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	<input type="checkbox"/> Delete
NAME	ARCE MOISES
STREET ADDRESS	7951 NW 169 Ten.
CITY-ST-ZIP	MIAMI, FL
TITLE	<input type="checkbox"/> Delete
NAME	ARCE BLANCA
STREET ADDRESS	7951 NW 169 Ten.
CITY-ST-ZIP	MIAMI, FL
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARCE MOISES
STREET ADDRESS	13255 SW 54 Ct.
CITY-ST-ZIP	MIRAMAR, FL 33027
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARCE BLANCA
STREET ADDRESS	13255 SW 54 Ct.
CITY-ST-ZIP	MIRAMAR, FL 33027
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: Moises Arce Date: 4/28/00  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (9/99)