2001 UNIFORM BUSINESS REPORT (UBR)

FILED Apr 24, 2001 8:00 am Secretary of State **DOCUMENT # 599777** 1. Entity Name CREEK REALTY, CO. 04-24-2001 90326 005 ***150.00 Principal Place of Business Mailing Address 961 NW 7TH ST 961 NW 7TH ST **MIAMI FL 33136** MIAMI FL 33136 800001 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 59-1885326 Not Applicable Zip Country 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 BOWMAN, MICHAEL Street Address (P.O. Box Number is Not Acceptable) 961 NW 7TH ST MIAMI FL 33136 Zip Code FL 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 Signature, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN: 1: OFFICERS AND DIRECTORS 11. TITLE Change Addition TIZLE ☐ Delete BOWMAN, MICHAEL NAME NAME STREET ADDRESS **3074 OHIO ST** STREET ADDRESS CITY-ST-ZIP COCONUT GROVE FL CITY-ST-ZiP ☐ Change Addition ☐ Delete TITLE TITLE GAGEN, MARY NAME NAME **3074 OHIO ST** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP COCONUT GROVE FL ☐ Addition TRUE Delete TITLE M Change BOWMAN, ZACHARY NAME NAME 961 NW 7 ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SY-ZIP MIAMI FL 33136 Delete TITLE Change ☐ Addition TITLE NAME NAM# STREET ADDRESS STREET ADDRESS CLTY-ST-ZIP CITY-ST-Z!F TITLE Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change Addition ☐ Delete TITLE 701.5 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP oplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information that 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 rusted exhipowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if made less, with all other like empowered. 13. I hereby certify that the information su

CR2E034 (10/00)

MICHAEL

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

of the corporation of changed, or on an al