

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2003 8:00 am
Secretary of State

04-22-2003 90058 030 ***158.75

DOCUMENT # F01000003012

1. Entity Name
CREATIVE WAYS, INC.



Principal Place of Business
**15841 UNIT 292, PINES BLVD.
PEMBROKE PINES FL 33027**

Mailing Address
**15841 UNIT 292, PINES BLVD.
PEMBROKE PINES FL 33027**

2. Principal Place of Business
15841 Pines Blvd

3. Mailing Address
15841 Pines Blvd

Suite, Apt. #, etc.
Suite 292

Suite, Apt. #, etc.
Suite 292

City & State
Pembroke Pines, FL

City & State
Pembroke Pines, FL

Zip Country
33027 USA

Zip Country
33027 USA

4. FEI Number **65-1038690**

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75** Additional Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**NEAL, JOHN
15841 UNIT 292, PINES BLVD.
PEMBROKE PINES FL 33027**

7. Name and Address of New Registered Agent

Name
Corporate Creations Network Inc
Street Address (P.O. Box Number is Not Acceptable) **8275 S. Eastern Ave** **941 4th St**
Suite 200
City **Miami Beach** **FL** Zip Code **33139**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]*

DATE **18 Apr 03**

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
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAYNES, VICTOR C 15841 UNIT 292, PINES BLVD. PEMBROKE PINES FL 33027	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS NEAL, JOHN 15841 UNIT 292, PINES BLVD. PEMBROKE PINES FL 33027	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE **18 Apr 03** DAYTIME PHONE # **954 443 5772**

CR2E034 (10/02)