

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G42387

1. Entity Name  
CREATIVE WOOD, INC.

**FILED**  
**Apr 17, 2001 8:00 am**  
**Secretary of State**

04-17-2001 90044 013 \*\*\*150.00

Principal Place of Business

4700 SW 83RD TERRACE  
BAY 2  
DAVIE FL 33328  
US

Mailing Address

4700 SW 83RD TERRACE  
BAY 2  
DAVIE FL 33328  
US

2. Principal Place of Business

2383 NW 111th Avenue  
Suite, Apt. #, etc.

3. Mailing Address

2383 NW 111th Ave  
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Sunrise FL

City & State

Sunrise FL

4. FEI Number

65-0247790

Applied For

Not Applicable

Zip

Country

33322 USA

Zip

Country

33322 USA

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LABER, DANIEL  
2383 NW 111TH AVE  
SUNRISE FL 33322

Name

Street Address (P.O. Box Number is Not Acceptable)

City

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

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

(NOTE: Registered Agent signature required when reinstating)

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☐ Delete  
NAME DANIEL LABER  
STREET ADDRESS 2383 NW 111TH AVE  
CITY-ST-ZIP SUNRISE FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VP ☐ Delete  
NAME MARIA LABER  
STREET ADDRESS 2383 NW 111th AVE  
CITY-ST-ZIP Sunrise FL 33322

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
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TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/13/01 954-815-6723

Date

Daytime Phone #

CR2E034 (10/00)