

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 14, 2002 8:00 am**  
**Secretary of State**

05-14-2002 90363 017 \*\*\*150.00

DOCUMENT # **G42387**

1. Entity Name

**Creative Wood, Inc**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

**2383 NW 111<sup>th</sup> Avenue**  
Suite, Apt. #, etc.

3. Mailing Address

**2383 NW 111<sup>th</sup> Avenue**  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

**Sunrise FL**

City & State

**Sunrise FL**

4. FEI Number

**650247790**

Applied For

Not Applicable

Zip

**33322**

Country

**US**

Zip

**33322**

Country

**US**

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name **Daniel Laber**

Street Address (P.O. Box Number is Not Acceptable)  
**2383 NW 111<sup>th</sup> Avenue**

**Sunrise FL**

**33322**

City **Sunrise**

**FL**

Zip Code  
**33322**

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]*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**4-27-02**

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back)

☒

January 1 - May 12 Fee is \$150.00  
After May 12 Fee is \$550.00  
Amended UBR is \$61.25  
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	<b>President</b>
NAME	<b>Daniel Laber</b>
STREET ADDRESS	<b>2383 NW 111<sup>th</sup> Avenue</b>
CITY - ST - ZIP	<b>SUNRISE FL 33322</b>
TITLE	<b>Vice President</b>
NAME	<b>Maria Laber</b>
STREET ADDRESS	<b>2383 NW 111<sup>th</sup> Avenue</b>
CITY - ST - ZIP	<b>SUNRISE FL 33322</b>
TITLE	
NAME	
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CITY - ST - ZIP	
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CITY - ST - ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with all other like empowers.

SIGNATURE

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Daniel Laber 4-27-02 954815-6723**

Date

Daytime Phone #

CR2E034B (12/01)