

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

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

04-22-2003 90043 024 ***150.00

DOCUMENT # G42387

1. Entity Name

Creative Wood, Inc.



DO NOT WRITE IN THIS SPACE

90100527

2. Principal Place of Business
2383 NW 111 Avenue

3. Mailing Address
2383 NW 111 Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Sunrise, Florida

City & State
Sunrise, Florida

4. FEI Number 650247790

Applied For
Not Applicable

Zip
33322

Country
USA

Zip
33322

Country
USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name Daniel Laber

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

2383 NW 111 Avenue

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

SIGNATURE

4-16-2003

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May
Added to Fee

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

President - Daniel Laber
2383 NW 111 Avenue
Sunrise, Florida 33322

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Vice President - Maria Laber
2383 NW 111 Avenue
Sunrise, Florida 33322

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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 on a attachment with an address, with all other like empowered.

SIGNATURE: