2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 01, 2001 8:00 am
Secretary of State
02-01-2001 90190 014 ***158.75

DOCUMENT # H70347

1. Entity Name

CREATIVE INSURANCE PLANNING, INC.

Principal Place of Business	Mailing Address
3900 N.W. 79TH AVE. STE 521 MIAMI FL 33166 6549	3900 N.W. 79TH AVE. STE 521 MIAMI FL 33166 6549

Moved 1250 E. HALLANDALE BCH. BLVD. STE 605, HALLANDALE, FL 33009

2. Principal Place of Business — Suite, Apt. #, etc. — City & State — Zip — Country

3. Mailing Address — Suite, Apt. #, etc. — City & State — Zip — Country

[redacted]

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2041458 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

DIGLIO, JOSEPH
~~3900 NW 79 AVE~~
~~#521~~
~~MIAMI FL 33166~~

1250 E. HALLANDALE BCH BLVD.
STE # 605
HALLANDALE, FL 33009

7. Name and Address of New Registered Agent

Name: PLEASE CORRECT ADDRESS

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

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], JOSEPH DIGLIO DATE JAN 10, 2001

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, 2000 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

TITLE	PSD	☐ Delete
NAME	DIGLIO, JOSEPH	
STREET ADDRESS	~~3900 NW 79 AVE #521~~ 1250 E HALLANDALE BCH BLVD	
CITY-ST-ZIP	~~MIAMI FL 33166~~ # 605, HALLANDALE, FL 33009	
TITLE	VTD	☐ Delete
NAME	~~DIGLIO, MIRTHA~~ "	
STREET ADDRESS	~~3900 NW 79 AVE #521~~	
CITY-ST-ZIP	~~MIAMI FL 33166~~	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME	"	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
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] Joseph Diglio 01/10/01 (305)594-9956

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #