

May

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 92167 011 *****50.00

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L01000018518

1. ENTITY NAME
CREATIVE SUPPORT LLC

Principal Place of Business
635 ANDERSON CIR. #101
DEERFIELD BEACH, FL 33441

Mailing Address
635 ANDERSON CIR. #101
DEERFIELD BEACH, FL 33441

2. Principal Place of Business
6674 N.W. 81st Ct
Burl, N.J. 08007

2. Mailing Address
6674 N.W. 81st CT
Suite 401, etc.

City is Parkland
Zip 33067

Country: U.S.

City & State
Parkland
Zip **75067**

Country ..

4. FBI Number **65-11470-10**

Applied For

5. Certificate of Status Desired

\$5.00 And the
best thing you can

6. Name and Address of Current Registered Agent:

7. Name and Address of New Recaptured Agent

MACINTER CORPORATION
8440 NORTH STATE RD 7
SUITE 218
FT. LAUDERDALE, FL 33319

Oswaldo Torres-Silva

6674 N.W. 81st CT

City **Parkland**

FL	Zip Code	33067
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8. The above named entity submits this statement by the proprietor or charging its registered office or registered agent, or both, in the State of Florida. I am further wpm, and accept the obligations of registered agent.

SIGNATURE

04 / 30 / 03

MANAGING MILLERS/MANAGERS

Y12	MGR	☐ Not etc.
NAME	TORRES-SILVA, OSWALDO	
Street Address	635 ANDERSON CIR. #101	
City-St.-Zip	DEERFIELD BEACH, FL 33441	

STIR	MGR	☐ Police
NAME	TORRES-SILVA, DOLORES	
STREET ADDRESS	636 ANDERSON CR. #101	
CITY-STATE	DEERFIELD BEACH, FL 33441	

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ST 2	2000
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

NAME _____
STREET ADDRESS _____
CITY-STATE-ZIP _____

FILE		☐ Print
NAME		
SELECT ADDRESS		
CSV-50-2ip		

10. ADDITIONAL CHARGES

NAME	MGR	Change	Admission
NAME	TORRES-SILVA, OSWALDO		
STREET ADDRESS	6674 N.W. 8191 CT		
CITY, ST, ZIP	PARKLAND FL 33067		

NAME	UCLR	GROUP	ADDITION
4446	TORRES-SILVA, DOLORES		
STREET ADDRESS	5674 N.W. 81st CT		
CITY, ST, ZIP	PARKLAND FL 33067		

TITLE	☐ Change ☐ Agree with
NAME	
STREET & ADDRESS	
CITY, ST. & ZIP	

ISSN	☐ Chicago ☐ Austin
NAME	
STREET & DOOR NO.	
CITY ST. ZIP	

FILE _____ ☐ Clerical ☐ Admin
NAME _____
ADDRESS _____
CITY-ST-CP _____

TITLE	☐ Change ☐ Approval
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 190.07(3)(g), Florida Statutes. I further certify that the information included in this report is true and accurate and that my signature thereon shall have the same legal effect as if made under oath, and that I am a managing member or manager of the limited liability company, or the owner of a share empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

04 / 30 / 05

(954) 344-8017