

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State
05-05-2003 90696 016 ****50.00

0018171

DOCUMENT # L02000015658

1. Entity Name
ICREATIVE ONLINE, LLC

Principal Place of Business
**7201 RED ROAD
SUITE# 214
MIAMI FL 33143**

Mailing Address
**7201 RED ROAD
SUITE# 214
MIAMI FL 33143**



☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
7210 Red Road
Suite, Apt. #, etc.
207
City & State
MIAMI, FL
Zip
33143 Country
USA

3. Mailing Address
7210 Red Road
Suite, Apt. #, etc.
207
City & State
MIAMI, FL
Zip
33143 Country
USA

4. FEI Number
47-0872554

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$5:00 Additional Fee Required**

6. Name and Address of Current Registered Agent
**MENENDEZ, SILVIA
6045 SW 87TH AVE.
MIAMI FL 33173**

7. Name and Address of New Registered Agent
Name
JEANETTE RODRIGUEZ
Street Address (P.O. Box Number is Not Acceptable)
9201 SW 16 STREET
City
MIAMI FL Zip Code
33165

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 **JEANETTE RODRIGUEZ** (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
MGR	RODRIGUEZ, JEANETTE	9201 SW 16TH STREET	MIAMI FL 33165	<input type="checkbox"/>
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE <td>NAME <td>STREET ADDRESS <td>CITY-ST-ZIP</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </td></td>	NAME <td>STREET ADDRESS <td>CITY-ST-ZIP</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </td>	STREET ADDRESS <td>CITY-ST-ZIP</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td>	CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
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11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: **JEANETTE RODRIGUEZ** SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (10/02)