

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mohr  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # L76060

(7)

1. Corporation Name

CREEKVIEW HOLDINGS, INC.

Principal Place of Business

C/O WEISBERG BRAUSE  
290 NW 165 ST #PLA700  
MIAMI FL 33169  
US

Mailing Address

C/O WEISBERG BRAUSE  
290 NW 165 ST #PLA700  
MIAMI FL 33169  
US



2. Principal Place of Business

21 State, Apt., Bldg.

22 City & State

23 Zip

24 County

2a. Mailing Address

26 State, Apt., Bldg.

27 City & State

28 Zip

29 County

9. Name and Address of Current Registered Agent

M & W AGENTS, INC.  
ONE DATRAN CENTER, PH1  
9100 S DADELAND BLVD  
MIAMI FL 33156

3. Date Incorporated or Quashed

05/29/1990

3a. Date of Last Report

01/24/1995

4. FLE Number

65-0201162

Applied For  
Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐ \$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199 C32  
Florida Statutes ☐ Yes ☒ No

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 609.01 and 609.02, Florida Statutes, the above named corporation submits the statement for the purpose of changing its registered office  
or registered agent on both in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am  
hereby withdrawing the obligation of the corporation to file this statement.

SIGNATURE

12. OFFICERS AND DIRECTORS

PS  
WEISBERG, ALAN JAY  
290 NW 165 ST PLAZA 700  
NORTH MIAMI BEACH FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 NAME

12 NAME

13 STREET ADDRESS

14 CITY, STATE, ZIP

15 TITLE

16 NAME

17 STREET ADDRESS

18 CITY, STATE, ZIP

19 TITLE

20 NAME

21 STREET ADDRESS

22 CITY, STATE, ZIP

23 TITLE

24 NAME

25 STREET ADDRESS

26 CITY, STATE, ZIP

27 TITLE

28 NAME

29 STREET ADDRESS

30 CITY, STATE, ZIP

31 TITLE

14. I hereby certify that the information supplied with this statement is true, correct, and does not qualify for the exemption stated in Section 115.07(3)(b), Florida Statutes. Further  
certification of the information is made by the undersigned officer or director of the corporation and that my signature shall have the same legal effect as if made under  
oath. That signature shall be in ink and shall be signed by the officer or director of the corporation or by a duly authorized officer or director of the corporation as required by Chapter 607, Florida Statutes, and that my name  
appears in Book 12 or Book 13 of the records of the Department of State.

SIGNATURE:

*Alan Jay Weisberg*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
ALAN JAY WEISBERG

(305) 949-4955

CR2E034 (12/95)