2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L94000000166

Entity Name
CREATIVE MANAGEMENT RE, L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 AUG 31 AM 10:02

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
% RUSSELL BEYER PA 2888 E. OAKLAND PARK BLVD FT. LAUDERDALE FL 33306 US	P.O. BOX 11180 FT. LAUDERDALE FL 333391180 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 65-0497307 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BEYER, RUSSELL 2888 EAST OAKLAND PARK BLVD. FT. LAUDERDALE FL 33306	Name Street Address (P.O. Box Number Is Not Acceptable) 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE

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

FILE NOW!!! FEE IS $50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MANAGERS		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR STAHLER, ESTHER 10 LAKESIDE DR. LAWRENCE NY 11559	☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR RENOV, RUKI 172 BROADWAY LAWRENCE NY 11559	☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR WASSERMAN, BRIAN A 44 WALL STREET NEW YORK NY 10005	☒ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete

10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 100003384361--5 -09/06/00--01103--015 *****50.00 *****50.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: _____ 8/28/00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER — Date — Daytime Phone #