

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 MAY 25 PM 12:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L99000008836

1. Entity Name

BE CREATIVE (US), L.C.

Principal Place of Business

Mailing Address

1605 Main Street, Suite 1001
Sarasota, Florida 34236

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

65-0970912

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Stanley A. Goldsmith
Attorney at Law
1605 Main Street, Suite 1001
Sarasota, FL 34236

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE ☐ Delete

NAME P, AT, MGRM, MGR
STREET ADDRESS Ellis, Nigel
CITY-ST-ZIP 20 Oxford Mens Hove
E. Sussex, UK BN33NF

TITLE ☐ Delete

NAME VP, AS, MGRM, MGR
STREET ADDRESS Bennett, Jane
CITY-ST-ZIP Flat 1
16 The Lepper Drive Hove
Sussex, UK BN36GN

TITLE ☐ Delete

NAME S, T, MGRM, MGR
STREET ADDRESS Miles, Michael
CITY-ST-ZIP 700 Longview Drive
Longboat Key, Florida 34228

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

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TITLE

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

APRIL 17th 2000

Date

Daytime Phone #

CR2E083 (1/99)