

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000008836

1. Entity Name  
BE CREATIVE (US), L.C.

Principal Place of Business  
1605 MAIN STREET, STE 1001  
SARASOTA FL 34236

Mailing Address  
1605 MAIN STREET, STE 1001  
SARASOTA FL 34236

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0970912

Applied For

Not Applicable

Zip

Country

Zip

Country

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

GOLDSMITH, STANLEY A  
1605 MAIN STREET, STE 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 MGR ☐ Delete  
NAME ELLIS, NIGEL  
STREET ADDRESS 20 OXFORD MEWS HOVE  
CITY-ST-ZIP E. SUSSES, UK BN33NF

TITLE MGR, P, AT ☒ Change ☐ Addition  
NAME ELLIS, NIGEL  
STREET ADDRESS (address unchanged)  
CITY-ST-ZIP

TITLE MGR ☐ Delete  
NAME MILES, MICHAEL  
STREET ADDRESS 700 LONGVIEW DRIVE (BUTTONWOOD HARBOR)  
CITY-ST-ZIP LONGBOAT KEY FL 34228

TITLE MGR, S, T ☒ Change ☐ Addition  
NAME MILES, MICHAEL  
STREET ADDRESS (address unchanged)  
CITY-ST-ZIP

TITLE MGR ☐ Delete  
NAME BENNETT, JANE  
STREET ADDRESS FLAT 1, 16 THE UPPER DRIVE  
CITY-ST-ZIP SUSSEX, UK BN36GN

TITLE MGR, VP, AS ☒ Change ☐ Addition  
NAME BENNETT, JANE  
STREET ADDRESS (address unchanged)  
CITY-ST-ZIP

TITLE MGR ☐ Delete  
NAME BUTLER, JAY  
STREET ADDRESS 75 CHESTER TERRACE, HOVE BRIGHTON  
CITY-ST-ZIP E. SUSSEX, UK BN16GB

TITLE ☐ Change ☐ Addition  
NAME 200004316122-1  
STREET ADDRESS -05/24/01--01105--002  
CITY-ST-ZIP \*\*\*\*\*50.00 \*\*\*\*\*50.00

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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:

*Nigel Ellis* NIGEL ELLIS

26 APRIL 01

941 366 8040

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (11/00)