

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 07, 2000 8:00 am**  
**Secretary of State**

07-07-2000 90008 043 \*\*\*550.00

**DOCUMENT # M64895**

1. Entity Name

**CREATIVE TELEMARKETING SERVICES INC.**



Principal Place of Business

Mailing Address

2677 FOREST HILL BLVD.  
 SUITE #103  
 WEST PALM BEACH FL 33406

11481 ISLAND LAKES LN  
 BOCA RATON FL 33498-6810  
 US

00068013

2. Principal Place of Business

4645 W. GUN CLUB RD

3. Mailing Address

11481 Island Lakes Ln

Suite, Apt. #, etc.

Suite #15

Suite, Apt. #, etc.

City & State

West Palm Beach, FL

City & State

Boca Raton, FL

Zip

33415

Country

U.S.A.

Zip

33498

Country

U.S.A.

4. FEI Number

65-0021711

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CRUZ, RICHARD  
 11481 ISLAND LAKES LN  
 BOCA RATON FL 33498

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

**\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	CRUZ, RICHARD	
STREET ADDRESS	1354 NW 9 ST	
CITY-ST-ZIP	BOCA RATON FL 33486	
TITLE	V	<input type="checkbox"/> Delete
NAME	DEL MAZO, ALEX	
STREET ADDRESS	728 PARK DR	
CITY-ST-ZIP	HIALEAH FL 33010	
TITLE		<input type="checkbox"/> Delete
NAME		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

6-26-00 561-883-3970