

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jun 02, 2003 8:00 am
Secretary of State

06-02-2003 90202 001 ***558.75

DOCUMENT # **M64895**

1. Entity Name

**Creative Telemarketing Services
Inc.**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**4645 W Gun Club Rd
Suite, Apt. #, etc.
#15**

3. Mailing Address

**11481 Island Lakes Ln
Suite, Apt. #, etc.**

DO NOT WRITE IN THIS SPACE

City & State

West Palm Beach, FL

City & State

Boca Raton, FL

4. FEI Number

Not Applicable

Applied For

Not Applicable

Zip

33415

Country

USA

Zip

33498

Country

U.S.A.

5. Certificate of Status Desired

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**\$8.75 Additional
Fee Required**

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**President
Cruz, Richard
11481 Island Lakes Ln
Boca Raton, FL 33498**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**Vice President
Del mazo, Alex
728 Park Dr.
Hialeah, FL 33010**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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IN THIS SPACE**

12. 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 10 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 #

Richard Cruz 5-30-03

954-829-5363

CR2E034B (12/02)