## 2002 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # M9900000579

1. Entity Name

**CDA CREATIVE LLC** 

## FILED Jan 21, 2002 8:00 am Secretary of State 01-21-2002 90019 016 \*\*\*\*50.00

Principal Plac	e or Business	Mairing Address		•			
	DIAL BOULEVARD. SUITE 2A BY-THE-SEA FL 33308-4439	258 COMMERCIAL BOULEV LAUDERDALE-BY-THE-SEA I			18818811 118 18118 18111 BETIL BETIL BETIL	90778	5 
2 Reincipal P	tace of Pasiness	3. Mailing Address	Ω				
	2 M Creative	2422 5	Sunse	10 M	180 (80 1)	### ##### ############################	1010 1311 1001
Suite, Apt.	#, eto Lulu	Suite Apt. #, etc.			DO NOT WRITE	IN THIS SPACE	
City C3jate		Gity & State	<u>~2</u> η	4. FEIN	lumber 65-0911427	<del></del>	plied For
W 26	Country	X. Devel-	Country			No.	t Applicable
ઍઉંટેલ	4 Country	33304	Country	5. Certii	icate of Status Desired	S5.00 Add	
	6. Name and Address of Current F	Registered Agent	Nome	7."Name	and Address of New Reg	jistered Agent	
Di IO	SSO, DANIELLE		Name	HCK	Cleatine	236	
	COMMERCIAL BOULEVARD, SUITI	-Street Ac	Street Address (P.O. Box Number is Not Acceptable)				
	DERDALE-BY-THE-SEA FL 33308	Zi. h Son Sones					
				A 4	<u> </u>	Zin Cod	<u>, , , , , , , , , , , , , , , , , , , </u>
			<u> </u>	Toud	r	FL JSS	<b>Υ</b>
8. The above	named entity submits this statement for	the purpose of changing its r	registered office or	registered agent,	or both, in the State of Flori	da.	
) (	L Sansille 1	CENNED .				1/13/20	100
SIGNATURE _	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE:	Registered Agent signatu	e required when reinstat	ng)	DATE	
		FILE NO	W!!! FEE IS \$	50.00			1
	* *	Make Check Pay			المحاج المارا		
			By May 1, 2002				
9.	MANAGING MEMBER		10.	1100	ADDITIONS/C	<del></del>	
TITLE :	MGR RUSSO, DANIELLE	Delete	: TITLE : NAME	MOIX	J. Russe	Change	☐ Addition
STREET ADDRESS	258 COMMERCIAL BOULEVARD	STREET ADDRESS	21/25	8 Sinise	Blod.		
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NAME STREET ADDRESS			NAME STREET ADDRESS				
CITY-ST-ZIP	•		CITY-ST-ZIP				
TITLE		□ Delete	TITLE			Change	Addition
NAME	A SECOND CONTRACTOR		NAME			•	
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
11. I hereby of	ertify that the information supplied with	this filing does not qualify for	the exemption state	ed in Section 119.0	07(3)(i), Florida Statutes. I fo	urther certify that the in	nformation or of the

13/2002 954-563-0686 indicated on his report is true and trial accurate and trial rily signature standard tries are safety and trial district as in made didentified indicated on the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: