2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DOCUMENT # NO000001828 1. Entity Name CHARITY FOR HUMANITY, INC.						May 03, 2001 8:00 am Secretary of State 05-03-2001 90099 010 ****70.00			
235 LINCOLN	e of Business ROAD SUITE 204		35 LINCOLN ROAD SUITE 204						
MIAMI BEACH	FL 33139	MIAMI BEACH FL 33139							
2. Principal Place of Business 437 41st St.		3. Mailing Address 437 41st St.							
Suite, Apt. #, etc. 202		Suite, Apt. #, etc. 202			DO NOT WRITE IN THIS SPACE				
City & State Miami Beach, FL		City & State Miami Beach, FL		4. EEI Numbe 65-099	-1739		oplied For	7	
Zip 3	3140 Country USA	Zip 33140	Col	usa USA	5. Certificate	of Status Desired 🙀	\$8.75 Add		1
	6. Name and Address of Current	Registered Agent	l		7. Name and	Address of New Registere	d Agent		_
				305-672-	9200 Ma	nagement, In	c.		
CORPORATE CREATIONS ENTERPRISES, INC.				Street Address (P.O. Box Number is Not Acceptable)					
	RTH STREET #200			Miami Be					
MIAMI BE	ACH FL 33139			City		F	L Zip Cod	e	1
8. The above	named entity submits this statement for	or the purpose of changing its	register	ed office or register	red agent, or bot	h, in the state of Florida.			1
SIGNATURE	Signature, typed or printed name of registered agent FILE NOW: FEE IS \$61.25	Pres./305- and title if applicable. (NOTI	E: Registere	d Agent signature required		Make Chec	E)	
10.	OFFICERS AND DI	RECTORS	11.			ANGES TO OFFICERS AND	DIRECTORS IN	J 10	_ ا
TITLE NAME	D SCHMITT, R S	Delete	TITLI	-		Godfrey RD h, FL 33140	, Change	Addition	37 (10/00
STREET ADDRESS CITY-ST-ZIP	235 LINCOLN ROAD SUITE 204 MIAMI BEACH FL 33139		STRE	ET ADDRESS D	chmitt,	•			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PRESNELL, SHALESE 235 LINCOLN ROAD SUITE 204 MIAMI BEACH FL 33139	Delete	<i>[</i> 	Mia		t. 212 h, FL 33140 Shalese	Change	☐ Addition	CRZE
TITLE	D	Delete	TITL		7 41st S	• • •	Change	Addition	1
NAME STREET ADDRESS CITY-ST-ZIP	FEHL, MIKE 235 LINCOLN ROAD SUITE 204 MIAMI BEACH FL 33139		/=	r		h, Fl 33140		,	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		l l			☐ Change	☐ Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete					☐ Change	☐ Addition	
indicated of the cor	pertify that the information supplied with on this report or supplemental report is poration or the receiver or trustee emp or on an attachment with an address,	s true and accurate and that no owered to execute this report.	ny signa as requi	ture shall have the :	same legal effec	t as if made under oath; that	t I am an officer	or director	

305-672-9200

Daytime Phone #

Date